

# EXHIBIT A

**TRAVELERS**  
TRAVELERS - RMD  
P.O. BOX 3556  
ORLANDO FL 32802-3556  
FAX: 877-634-3710

Date: 07-05-17

Policy No:

(6JUB-8H17878-6-17)

Effective Date: 06-15-17

PRIME PAINTERS LLC  
1760 SHADY CREEK LN  
LAWRENCEVILLE GA 30043-2709

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA has been assigned as the servicing carrier for your Assigned Risk Workers Compensation Insurance policy. We welcome you as a customer.

We have received your application and premium. Your policy will be issued shortly. Please note that your binder is proof of coverage until cancelled or the policy is issued. In the meantime, should you find it necessary to file a claim, request a certificate, or communicate with us, please note the following:

**For Claims Reporting:**  
**1-800-832-7839**

**For Policy Services:**  
**800-443-4404**  
**TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA**  
**TRAVELERS - RMD**  
**P.O. BOX 3556**  
**ORLANDO FL 32802-3556**

**For a certificate of insurance:**  
**Fax a written request to:**  
**877-634-3710**

The Claim Reporting system is a toll-free service that is available seven days a week, twenty-four hours a day. Usage of this system has been proven to provide significant benefits, with the immediate assignment of a Case Manager, automatic production of the First Report of Injury form, and earlier resolution of employee claims.

Safety and Loss Prevention are critical concerns to any business. We have long been a pioneer in the field of accident prevention, having the experience, resources and capabilities to provide a complete range of safety services. Your policy will include more details regarding these services.

Please keep this information available. Reference the above policy number on any correspondence and have it available when contacting us or submitting correspondence.

It is our pleasure to work with you. If we can be of service, please call.

Sincerely

**The Travelers**

cc: FOSTER AND ASSOC DBA  
3100 BRECKINRIDGE BLVD STE 510

DULUTH

GA 300967507

## SAFETY SERVICES

**Notice to policy recipient:** If you are not the person directly responsible for the accident prevention activities for your company, please direct this Safety Services notice to the person that is directly responsible for them.

### SAFETY IS OUR CONCERN

Thank you for purchasing your insurance from one of the writing companies owned or managed by The Travelers Companies, Inc. We appreciate your business and welcome the opportunity to be of service.

An important part of that service concerns safety and accident prevention. Travelers Risk Control department has the experience, resources and capabilities to provide a range of safety services, including site surveys, phone consultations, as well as provide access to numerous safety-related materials.

We have experience in a variety of industries, some of which include manufacturing, wholesale and retail businesses, service organizations, technology-related business, oil and gas-based business, and the public sector.

Following are some examples of available safety services:

**Accident Prevention** – Our staff can help you identify present and potential hazards in your operations, premises and equipment, and recommend measures for reducing or eliminating these hazards.

**Analysis of Accident Causes** – Although you investigate and keep records of accidents, we are available to assist if needed.

**Safety Consultations** – Our Consultants can help you with special problems such as ergonomics and human factors.

**Industrial Hygiene/Health Services** – We have the facilities and resources to answer your questions concerning job related industrial hygiene/health issues and to measure exposure to industrial hygiene hazards.

**Safety Literature and Digital Media** – We can provide you with top-notch safety-related literature, CDs, DVDs, and videos to assist in your loss control efforts. Also, we can direct you to several vendors who are able to provide additional safety materials, including brochures, pamphlets and digital media.

**Safety Training** – We offer face-to-face classroom courses, as well as distance learning programs that explore the risks our policyholders face and ways for them to control losses.

**Return-To-Work Coordination** – We can assist you with several aspects of the post injury management process.

**Please note: For ALL loss control assistance requests, please contact your local office directly, which is listed on one of the following pages.**

**These services are available upon request. See the remainder of this document for the Travelers' Risk Control office nearest you. These phone numbers should not be used for questions regarding your policy or claims.**

### SAFETY IS YOUR CONCERN

At Travelers, we are committed to doing all we can to help protect your business. As our customer, you have access to hundreds of safety materials specific to industry, size and complexity to help control hazards and reduce risks of illness or injury – with more than 700 focusing on workers' compensation issues. Take advantage of the Risk Control website at [travelers.com/riskcontrol](http://travelers.com/riskcontrol).

Examples of what you will find include:

- Safety checklists, sample programs.
- You will find hundreds of resources in our Education Center including schedules of live classroom sessions and online webinars – more than 90 training options for workers' compensation alone.
- Alerts and newsletters that can be sent directly to you, to stay informed of the latest safety trends and regulatory topics.

**The loss of a key employee due to an injury can seriously impact your business. We can help you to understand the types of accidents that may occur in your business and the steps you can take to help prevent them.**

These resources can help you improve your workplace safety practices. We like to think of it as protection beyond the policy.

#### **Contact Us**

For more information, please visit [travelers.com/riskcontrol](http://travelers.com/riskcontrol).

**Please call these numbers**  
**FOR SAFETY SERVICES ONLY**

**For all other inquiries please contact your agent, underwriter or claim representative**

**ALABAMA**  
**Birmingham**

3000 Riverchase Galleria  
Ste. 600  
Birmingham, AL 35244  
(615) 660-6036  
Claims: 1-800-238-6214

**ALASKA**  
**Portland, OR**

4000 SW Kruse Place, Suite 100  
Lake Oswego, OR 97035  
(916) 852-5245

**ARIZONA**  
**Phoenix**

2401 W Peoria Ave., Suite 130  
Phoenix, AZ 85029  
Risk Control: (720) 200-8355

**ARKANSAS**  
**St. Louis, MO**

940 West Port Plaza, Suite 270  
St. Louis, MO 63146  
Risk Control: (314) 579-8282

**CALIFORNIA**  
**Diamond Bar**

21688 Gateway Center Drive  
P.O. Box 6512  
Diamond Bar, CA 91765-8512  
Risk Control: (949) 224-5789  
Claims: : (909) 612-3000

**CALIFORNIA**  
**Glendale**

655 N. Central Avenue, #1600  
Glendale, CA 91203  
Risk Control: (949) 224-5789  
Claims: (909) 612-3000

**CALIFORNIA**  
**Irvine**

3333 Michelson Dr. City Blvd. W  
Suite 1000  
Irvine, CA 92612  
Risk Control: (949) 224-5789

**CALIFORNIA**  
**Los Angeles**

888 South Figueroa St., Ste. 500  
Los Angeles, CA 90017  
Risk Control: (949) 224-5789  
Claims: (909) 612-3000

**CALIFORNIA**  
**Sacramento**

11070 White Rock Road, Suite 130  
Rancho Cordova, CA 95670  
Risk Control: (916) 852-5245  
Claims: (800) 727-3995

**CALIFORNIA**  
**San Diego**

9325 Sky Park Court, Ste. 220  
San Diego, CA 92123  
Risk Control: (949) 224-5789

**CALIFORNIA**  
**Walnut Creek**

225 Lennon Lane, Ste. 105  
P.O. Box 8090  
Walnut Creek, CA 94596-8090  
Risk Control: (925) 945-4193  
Claims: (800) 842-7354

**COLORADO**  
**Denver**

6060 S. Willow Dr. #300  
Greenwood Village, CO 80111  
(720) 200-8355  
Claims: 720-200-8100

**CONNECTICUT**  
**Hartford**

300 Windsor Street  
Hartford, CT 06120  
(860) 277-5748  
Claims: 1 (877) 828-4110

**DELAWARE**  
**Philadelphia, PA**

10 Sentry Parkway, Suite 300  
Blue Bell, PA 19422  
(215) 274-1610  
Claims: 1-800-368-3562

**DISTRICT OF COLUMBIA**  
**Washington, DC**

14200 Park Meadow Dr.  
Chantilly, VA 20151  
(571) 287-6285  
Claims: 1-800-368-3562

**FLORIDA**  
**Orlando**

2420 Lakemont Dr  
Orlando, FL 32814  
(678) 317-8210  
Claims: 407-388-2400

**GEORGIA**  
**Atlanta**

1000 Windward Concourse  
Alpharetta, GA 30005  
(678) 317-8210  
Claims: 800-238-6214

**HAWAII**  
**Irvine, CA**

3333 Michelson Drive City Blvd. W  
Suite 1000  
Irvine, CA 92612  
(949) 224-5789

**IDAHO**  
**Sacramento, CA**

11070 White Rock Rd, Suite 130  
Rancho Cordova, CA 95670  
Risk Control: (916) 852-5245  
Claim: (800) 727-3995

**ILLINOIS**  
**Chicago**

200 North LaSalle Street  
Suite 2200  
Chicago, IL 60601  
(630) 961-8074  
Claims: 800-842-6172

**ILLINOIS**  
**Naperville**

215 Shuman Boulevard  
P.O. Box 3208  
Naperville, IL 60566  
(630) 961-8074  
Claims: 800-842-6172

**INDIANA**  
**Indianapolis**

Suite 300  
280 East 96th Street  
Indianapolis, IN 46240  
(317) 818-0174  
Claims: 800-238-6210

**IOWA**  
**Des Moines**

7101 Vista Dr.  
West Des Moines, IA 50266-9313  
(651)-310-7834  
Claims: 800-255-5072

**KANSAS**  
**Kansas City**

7465 West 132nd  
Overland Park, KS 66213  
(314) 579-8282

**KENTUCKY**  
**Louisville**

Suite 150  
303 N Hurstbourne Pkwy  
Louisville, KY 40222  
(248) 312-7301  
Claims: 800-238-6210

**LOUISIANA**  
**New Orleans**

3838 N. Causeway, Suite 2700  
Metairie, LA 70002  
P.O. Box 61479  
New Orleans, LA 70161-1479  
(504) 832-7562  
Claims: 800-842-2556

**MAINE**  
**Portland, ME**

207 Larrabee Road, Suite 3  
Westbrook, ME 04092  
(207) 857-2021



**Please call these numbers**  
**FOR SAFETY SERVICES ONLY**

**For all other inquiries please contact your agent, underwriter or claim representative**

**MARYLAND**

**Blue Bell, PA**

10 Sentry Parkway, Suite 300  
Blue Bell, PA 19422  
(215) 274-1610  
Claims: 1-800-368-3562

**MASSACHUSETTS**

**Boston**

100 Summer Street, Suite 201A  
Boston, MA 02110  
(781) 817-8370  
Claims: 800-832-7839

**MASSACHUSETTS**

**Hudson**

1 Cabot Road  
Suite 250  
Hudson, MA 01749  
(978) 568-4411  
Claims: 800-832-7839

**MASSACHUSETTS**

**Braintree**

350 Granite Street  
Suite 1201  
Braintree, MA 02184  
(781) 817-8373  
Claims: 800-832-7839

**MICHIGAN**

**Grand Rapids**

625 Kenmoor Ave  
Suite 213  
Grand Rapids, MI 49546  
(248) 312-7301  
Claims: 800-238-6210

**MICHIGAN**

**Troy**

1301 W. Long Lake Rd., Ste. 300  
Troy, MI 48098  
(248) 312-7301  
Claims: 800-238-6210

**MINNESOTA**

**St. Paul**

385 Washington St., MC 104P  
St. Paul, MN 55102  
(651) 310-7834  
Claims: 800-842-3073

**MISSISSIPPI**

**Jackson**

1080 River Oaks Dr  
Ste B-200  
Flowood, MS 39232  
(615) 660-6036  
Claims: 1-800-342-4064

**MISSOURI**

**St. Louis**

940 West Port Plaza, Suite 270  
St. Louis, MO 63146  
(314) 579-8282  
Claims: 800-842-9621

**Kansas City**

**St. Louis**

940 West Port Plaza, Suite 270  
St. Louis, MO 63146  
(314) 579-8282  
Claims: 800-255-5072

**Missouri Workers'**

**Compensation Plan (MWCP)**

1000 Walnut Street  
Kansas City, MO 64199  
(816) 391-1123

**MONTANA**

**Sacramento, CA**

11070 White Rock Rd, Suite 130  
Rancho Cordova, CA 95670  
Risk Control: (916) 852-5245  
Claims: (800) 727-3995

**NEBRASKA**

**Omaha**

11516 Miracle Hills Dr., St. 400  
Omaha, NE 68154  
(651) 310-7834  
Claims: 800-255-5072

**NEVADA**

**Las Vegas**

7450 Arroyo Crossing Pkwy  
Suite 200  
Las Vegas, NV 89113  
Risk Control: (720) 200-8355  
Claims: 702-479-4200

**NEW HAMPSHIRE**

**Portland, ME**

207 Larrabee Road, Suite 3  
Westbrook, ME 04092  
(207) 857-2021

**NEW JERSEY**

**Morristown**

445 South Street  
Morristown, NJ 07960  
(973) 631-7015  
Claims: 1-800-842-2475

**NEW JERSEY**

**Marlton**

Lake Center Exec Park Building 30  
Suite 110  
Marlton, NJ 08053  
(856) 703-2323  
Claims: 800-842-2475

**NEW MEXICO**

**Phoenix**

2401 W Peoria Ave., Suite 130  
Phoenix, AZ 85029  
(720) 200-8355  
Claims: 602-861-8600

**NEW YORK**

**Albany**

900 Watervliet-Shaker Road  
Albany, NY 12205  
(315) 424-7231  
Claims: 800-842-2475

**NEW YORK**

**Buffalo**

60 Lakefront Blvd.  
P.O. Box 242  
Buffalo, NY 14240-0242  
(315) 424-7231  
Claims: 800-842-2475

**NEW YORK**

**Melville**

3 Huntington Quadrangle  
Melville, NY 11747  
(631) 501-8146  
Claims: 800-842-2475

**NEW YORK**

**New York**

485 Lexington Ave.  
New York, NY 10017-2630  
(516) 933-3932  
Claims: 1-800-842-2475

**NEW YORK**

**Rochester**

75 Town Centre Drive  
P.O. Box 23235  
Rochester, NY 14692-3235  
(315) 424-7231  
Claims: 1-800-842-2475

**NEW YORK**

**Syracuse**

440 South Warren Street  
P.O. Box 4963  
Syracuse, NY 13221-4963  
(315) 424-7231  
Claims: 800-842-2475

**NORTH CAROLINA**

**Charlotte**

11440 Carmel Commons Blvd.  
P.O. Box 473500  
Charlotte, NC 28247-3500  
(704) 540-3209  
Claims: (704) 544-3500

**NORTH CAROLINA**

**Raleigh**

4504 Emperor Blvd.  
Durham, NC 27703  
(704) 540-3209  
Claims: (704) 544-3500

**NORTH DAKOTA**

**St. Paul, MN**

385 Washington St., MC 104P  
St. Paul, MN 55102  
(651) 310-7834  
Claims: 800-842-3073

**Please call these numbers**  
**FOR SAFETY SERVICES ONLY**

**For all other inquiries please contact your agent, underwriter or claim representative**

**OHIO**

**Cincinnati**

Baldwin Center, Suite 500  
625 Eden Park Drive  
Cincinnati, OH 45202(412) 338-3069  
Claims: 800-238-6210

**OHIO**

**Cleveland**

6150 Oak Tree Blvd., Suite 400  
Independence, OH 44131  
(412) 338-3069  
Claims: 800-238-6210

**OKLAHOMA**

**Tulsa**

9820 East 41st St., Suite 401  
P.O. Box 3510  
Tulsa, OK 74101  
(314) 579-8282

**OREGON**

**Portland**

4000 SW Kruse Place, Suite 100  
Lake Oswego, OR 97035  
Risk Control: (916) 852-5245  
Claims: 800-698-6883

**PENNSYLVANIA**

**Philadelphia**

10 Sentry Parkway, Suite 300  
Blue Bell, PA 19422  
(215) 274-1610  
Claims: 800-832-0606

**PENNSYLVANIA**

**Pittsburgh**

800 Two Chatham Center  
Pittsburgh, PA 15219-2505  
(412) 338-3069  
Claims: (412) 338-3000

**PENNSYLVANIA**

**Reading**

1105 Berkshire Blvd.  
P.O. Box 13426  
Wyomissing, PA 19612-3426  
(215) 274-1610  
Claims: 800-832-0606

**RHODE ISLAND**

**Braintree**

350 Granite Street  
Suite 1201  
Braintree, MA 02184  
(781) 817-8370  
Claims: 800-832-7839

**SOUTH CAROLINA**

**Charlotte**

11440 Carmel Commons Blvd.  
P.O. Box 473500  
Charlotte, NC 28247-3500  
(704) 540-3209  
Claims: 704-544-3500

**SOUTH DAKOTA**

**St. Paul, MN**

385 Washington St.  
St. Paul, MN 55102  
(651) 310-7834  
Claims: 800-842-3073

**TENNESSEE**

**Franklin**

6640 Carothers Pkwy, Suite 300  
Franklin, TN 37067  
(615) 660-6036  
Claims: (615) 660-6000

**TEXAS**

**Dallas**

1301 E Collins Blvd., Suite 300  
Richardson, TX 75081  
(214) 570-6627  
Claims: 214-570-6000

**TEXAS**

**Houston**

4650 Westway Park Blvd., Suite 350  
Houston, TX 77041  
(281) 606-8534  
Claims: 800-235-3610

**UTAH**

**Denver, CO**

6060 S. Willow Drive #300  
Greenwood Village, CO 80111  
(720) 200-8355  
Claims: 800-453-3025

**VERMONT**

**Hartford, CT**

300 Windsor Street  
Hartford, CT 06120  
(860) 954-5190  
Claims: (800) 422-3340

**VIRGINIA**

**Richmond**

9954 Mayland Drive, Suite 6100  
Richmond, VA 23233  
(571) 287-6285  
Claims: (804) 330-6000

**Washington, DC**

14200 Park Meadow Dr.  
Chantilly, VA 20151  
(571) 287-6285  
Claims: 800-368-3562

**WASHINGTON**

**Seattle**

1501 4th Avenue, Suite 400  
Seattle, WA 98101  
Risk Control: (916) 852-5245

**WEST VIRGINIA**

**Charleston, WV**

119 Virginia St. W.  
Charleston, WV 25302  
(412) 338-3069  
Claims: (443) 353-1000

**WISCONSIN**

**Milwaukee**

13935 Bishops Drive, Suite 200  
Brookfield, WI 53005  
(262) 825-9203  
Claims: 800-842-6172

**WYOMING**

**Denver, CO**

6060 S. Willow Drive #300  
Greenwood Village, CO 80111  
Risk Control: (720) 200-8355



**Report Claims Immediately by Calling\***  
**1-800-832-7839**

*Speak directly with a claim professional  
24 hours a day, 365 days a year*

\*Unless Your Policy Requires **Written** Notice or Reporting

---

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

---

**A Custom Insurance Policy Prepared for:**

**PRIME PAINTERS LLC  
1760 SHADY CREEK LN  
LAWRENCEVILLE GA 30043-2709**



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

**TYPE AR INFORMATION PAGE WC 00 00 01 ( A)**

**POLICY NUMBER: (6JUB-8H17878-6-17)  
NEW-17**

**INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA**

**NCCI CO CODE: 13579**

**1.**

**INSURED:**

**PRIME PAINTERS LLC  
1760 SHADY CREEK LN  
LAWRENCEVILLE GA 30043-2709**

**PRODUCER:**

**FOSTER AND ASSOC DBA  
3100 BRECKINRIDGE BLVD STE 510  
DULUTH GA 30096-7507**

Insured is **A LIMITED LIABILITY COMPANY**

Other work places and identification numbers are shown in the schedule(s) attached.

**2.** The policy period is from **06-15-17** to **06-15-18 12:01 A.M.** at the insured's mailing address.

**3. A. WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

**GA**

**B. EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident:	\$	1000000	Each Accident
Bodily Injury by Disease:	\$	1000000	Policy Limit
Bodily Injury by Disease:	\$	1000000	Each Employee

**C. OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

**COVERAGE EXCLUDED - REFER TO RESIDUAL MARKET LIMITED OTHER STATES  
INSURANCE ENDORSEMENT WC 00 03 26**

**D.** This policy includes these endorsements and schedules:

**SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE**

**4.** The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made **ANNUALLY**.

**GEORGIA WORKERS' COMPENSATION ASSIGNED RISK PLAN**

**DATE OF ISSUE: 07-13-17 AS  
OFFICE: NORTHEAST DIAL-UP 775  
PRODUCER: FOSTER AND ASSOC DBA**

**ST ASSIGN: GA**

**72PXX**



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

TYPE AR INFORMATION PAGE WC 00 00 01 ( A)

POLICY NUMBER: (6JUB-8H17878-6-17)

**CLASSIFICATION SCHEDULE:**

CLASSIFICATIONS	CODE NO	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
-----------------	---------	--	---------------------------------------	--------------------------------

SEE EXTENSION OF INFORMATION PAGE - SCHEDULE(S)

SIC-CODE: 1721 NAICS: 238320

TOTAL ESTIMATED ANNUAL STANDARD PREMIUM	\$	STANDARD 1460
PREMIUM DISCOUNT		NONE
0900-10 EXPENSE CONSTANT		160
TERRORISM		NONE
CAT (OTHER THAN CERT ACTS OF TERRORISM)		NONE
TOTAL ESTIMATED PREMIUM		1620
DEPOSIT AMOUNT DUE		1620MP

A/R (WCIP) #

Minimum Premium: \$ 1500

EMPLOYERS LIABILITY MINIMUM: \$ 120

ST ASSIGN: GA

DATE OF ISSUE: 07-13-17 AS

OFFICE: NORTHEAST DIAL-UP 775

PRODUCER: FOSTER AND ASSOC DBA 72PXX





**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

EXTENSION OF INFO PAGE-SCHEDULE WC 00 00 01 ( A)

POLICY NUMBER: (6JUB-8H17878-6-17)

INSURER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

13579-GA

INSURED'S NAME: PRIME PAINTERS LLC

CLASSIFICATION	CODE	PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER \$100 OF REMUNERATION	ESTIMATED ANNUAL PREMIUM
LOCATION 001 01				
FEIN 563794723 ENTITY CD 001				
PRIME PAINTERS LLC				
1760 SHADY CREEK LN LAWRENCEVILLE, GA 30043-2709 SIC CODE: 1721 NAICS: 238320				
PAINTING NOC & SHOP OPERATIONS, DRIVERS	5474	IF ANY	38.83	

-----

1.10% INCREASED LIMITS	\$	NONE
ADD FOR INCREASED LIMITS MINIMUM (9848)		120
.875 MERIT RATING MODIFICATION (9885)		15
ADD FOR POLICY MINIMUM		1355
TOTAL ESTIMATED ANNUAL STANDARD PREMIUM		1460
EXPENSE CONSTANT(0900)		160
0.0200 TERRORISM (9740)		INCL
0.0100 CAT(OTHER THAN CERT ACTS OF TERRORISM) 9741		INCL
TOTAL ESTIMATED PREMIUM		1620
DEPOSIT AMOUNT DUE		1620



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 00 00 01 (A )**

POLICY NUMBER: (6JUB-8H17878-6-17)

**LISTING OF ENDORSEMENTS  
EXTENSION OF INFO PAGE**

We agree that the following listed endorsements form a part of this policy on its effective date.

WC 00 00 01 A - 001	INFORMATION PAGE
WC 00 00 01 A - 001	INFORMATION PAGE 2
WC 00 00 01 A - 001	EXTENSION OF INFORMATION PAGE - SCHEDULE
WC 00 00 01 A - 001	ENDORSEMENT LISTING
WC 00 03 26 A - 001	LIMITED OTHER STATES INSURANCE END
WC 00 04 14 00 - 001	NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC 00 04 17 B - 001	ASSIGNED RISK LSRP NOTIFICATION END
WC 00 04 22 B - 001	TERRORISM RISK INS PROG REAUTH ACT ENDT
WC 00 04 24 00 - 001	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
WC 00 04 21 D - 001	CATASTROPHE (O/T CERT ACTS OF TERR) ENDT
WC 00 03 08 00 - 001	PARTNERS, OFFICERS AND OTHERS EXCL ENDT
WC 00 04 19 00 - 001	PREMIUM DUE DATE ENDORSEMENT
WC 10 04 01 00 - 001	GA MERIT RATING ENDT
WC 10 06 01 B - 001	GA CANCELLATION, NONREN, AND CHANGE ENDT

WC 00 00 00 ( C )  
(Ed. 1-15)

# The Travelers Insurance Companies

(Each a Stock Insurance Company)  
Hartford, Connecticut

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

### GENERAL SECTION

#### A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

#### B. Who is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

#### C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

#### D. State

State means any state of the United States of America, and the District of Columbia.

#### E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

### PART ONE

#### WORKERS COMPENSATION INSURANCE

##### A. How This Insurance Applies

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

##### B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

##### C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

##### D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

**WC 00 00 00 ( C )**  
(Ed. 1-15)

#### **E. Other Insurance**

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

#### **F. Payments You Must Make**

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

#### **G. Recovery From Others**

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

#### **H. Statutory Provisions**

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.

4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the workers compensation law that apply to:
  - a. benefits payable by this insurance;
  - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

### **PART TWO EMPLOYERS LIABILITY INSURANCE**

#### **A. How This Insurance Applies**

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

#### **B. We Will Pay**

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

**WC 00 00 00 ( C )**  
(Ed. 1-15)

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

#### **C. Exclusions**

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any

employee, or any personnel practices, policies, acts or omissions;

8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651–1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901–944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

#### **D. We Will Defend**

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.



**WC 00 00 00 ( C )**  
(Ed. 1-15)

#### **E. We Will Also Pay**

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

#### **F. Other Insurance**

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

#### **G. Limits of Liability**

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident – each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.  
  
A disease is not bodily injury by accident unless it results directly from bodily injury by accident.
2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease – policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease – each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

#### **H. Recovery From Others**

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

#### **I. Actions Against Us**

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

### **PART THREE OTHER STATES INSURANCE**

#### **A. How This Insurance Applies**

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

**WC 00 00 00 ( C )**  
(Ed. 1-15)

**B. Notice**

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

**PART FOUR  
YOUR DUTIES IF INJURY OCCURS**

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

**PART FIVE  
PREMIUM**

**A. Our Manuals**

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

**B. Classifications**

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

**C. Remuneration**

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

**D. Premium Payments**

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

**E. Final Premium**

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

WC 00 00 00 ( C )  
(Ed. 1-15)**F. Records**

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

**G. Audit**

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

### PART SIX CONDITIONS

**A. Inspection**

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

**B. Long Term Policy**

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

**C. Transfer of Your Rights and Duties**

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

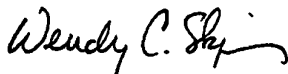
**D. Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

**E. Sole Representative**

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.

**IN WITNESS WHEREOF, the company has caused this policy to be signed by its President and Secretary at Hartford, Connecticut and countersigned on the Information page by a duly authorized agent of the company.**



Secretary



President



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 00 03 26 ( A)**

POLICY NUMBER: (6JUB-8H17878-6-17)

**RESIDUAL MARKET  
LIMITED OTHER STATES INSURANCE ENDORSEMENT**

“Part Three—Other States Insurance” of the policy is replaced by the following:

**PART THREE OTHER STATES INSURANCE**

**A. How This Insurance Applies**

1. We will pay promptly when due the benefits required of you by the workers compensation law of any state not listed in Item 3.A. of the Information Page if all of the following conditions are met:
  - a. The employee claiming benefits was either hired under a contract of employment made in a state listed in Item 3.A. of the Information Page or was, at the time of injury, principally employed in a state listed in Item 3.A. of the Information Page; and
  - b. The employee claiming benefits is not claiming benefits in a state where, at the time of injury, (i) you have other workers compensation insurance coverage, or (ii) you were, by virtue of the nature of your operations in that state, required by that state’s law to have obtained separate workers compensation insurance coverage, or (iii) you are an authorized self-insurer or participant in a self-insured group plan; and
  - c. The duration of the work being performed by the employee claiming benefits in the state for which that employee is claiming benefits is temporary.
2. If we are not permitted to pay the benefits directly to persons entitled to them and all of the above conditions are met, we will reimburse you for the benefits required to be paid.
3. This insurance does not apply to fines or penalties arising out of your failure to comply with the requirements of the workers compensation law.

**IMPORTANT NOTICE!**

**If you hire any employees outside those states listed in Item 3.A. on the Information Page or begin operations in any such state, you should do whatever may be required under that state’s law, as this endorsement does not satisfy the requirements of that state’s workers compensation law.**



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 00 04 14 (00)**

POLICY NUMBER: (6JUB-8H17878-6-17)

**NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT**

Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan manual.

You must report any change in ownership to us in writing within 90 days of such change. Failure to report such changes within this period may result in revision of the experience rating modification factor used to determine your premium.





**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 00 04 17 ( B)**

POLICY NUMBER: (6JUB-8H17878-6-17)

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**ASSIGNED RISK LOSS SENSITIVE RATING PLAN NOTIFICATION  
ENDORSEMENT**

**A. LSRP Mandatory Assigned Risk Retrospective Rating Plan**

This endorsement is to advise you that, during the term of this policy or upon renewal, you may become subject to the mandatory assigned risk Loss Sensitive Rating Plan (LSRP), which is a retrospective rating plan that may adjust the cost of your workers compensation and employers liability insurance policy. This endorsement must be attached to all assigned risk policies, including policies for professional employer organization (PEO) and temporary arrangements, regardless of LSRP standard premium size in states that have approved the LSRP. In the event that you meet or exceed the eligibility requirements of LSRP, an LSRP contingent deposit equal to 20% of LSRP standard premium is required.

**B. Eligibility**

1. Your insurance is written under a Workers Compensation Insurance Plan (WCIP) in a state that has approved LSRP.
2.
  - a. LSRP will apply to an individual assigned risk policy if the standard premium meets or exceeds the amount noted in the Schedule, in accordance with NCCI's **Basic Manual**.
  - b. It may not always be possible for a single carrier to provide coverage for all requested states; additional policies issued by more than one carrier may be necessary.
  - c. WCIP policies issued in non-LSRP-approved jurisdictions are not subject to LSRP and are not combinable with WCIP policies in LSRP-approved jurisdictions for eligibility purposes.
  - d. LSRP eligibility may be impacted by ownership or combinability status in accordance with NCCI's **Experience Rating Plan Manual**.
3. LSRP standard premium is defined in accordance with NCCI's **Basic Manual**.

**C. Deposit/Initial Premium and LSRP Contingency Deposit**

1. Deposit or initial premium is paid on all new and renewal WCIP policies, including LSRP policies, in accordance with NCCI's **Basic Manual**. It is paid to us in addition to the LSRP contingency deposit, which secures all new and renewal LSRP policies as detailed in the LSRP rules.
2. The LSRP contingency deposit paid to us serves as collateral for premium that may be due to us as a result of losses incurred during the policy term.
3. At policy inception, the LSRP contingency deposit is calculated by multiplying the LSRP standard premium by 20%. If WCIP policies are combined for LSRP purposes, the LSRP contingency deposit is calculated by multiplying the combined LSRP standard premium for all policies by 20%.

**D. Impact of Changes in LSRP Standard Premium**

1. For all policies except for professional employer organizations (PEOs) and temporary arrangements, LSRP may be applied to a policy, or an LSRP policy may be converted to a guaranteed cost policy:



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 00 04 17 ( B)**

POLICY NUMBER: (6JUB-8H17878-6-17)

---

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

---

- a. If the LSRP standard premium decreases during the first 120 days, and falls below the LSRP eligibility threshold, your policy will be converted to a guaranteed cost policy, retroactive to policy inception, and your LSRP contingency deposit will be returned.
  - b. If the LSRP standard premium increases during the first 120 days, and meets the LSRP eligibility threshold, LSRP will be applied retroactively to policy inception and the 20% LSRP contingency deposit must be paid to us within 30 days of us issuing notice to you of the application of LSRP.
  - c. If the LSRP standard premium decreases after the first 120 days and falls below the LSRP eligibility threshold, the LSRP continues to be applied to your policy(ies).
  - d. If the LSRP standard premium increases after the first 120 days, and meets the LSRP eligibility threshold, your policy(ies) will remain a guaranteed cost policy(ies) and the LSRP is applied at renewal, subject to meeting the eligibility requirements on the renewal policy(ies).
2. For all PEO and temporary arrangement WCIP policies, if the LSRP standard premium meets or exceeds the eligibility threshold **at any time**, LSRP is applied retroactively to policy inception. The 20% LSRP contingency deposit must be paid to us within 30 days of us issuing notice to you of the application of LSRP.

**E. Evasion of LSRP**

1. If you take actions for the purpose of avoiding the application of LSRP, or for otherwise legitimate business reasons that nonetheless result in the improper calculation and/or application of LSRP, regardless of intent, any action that results in the miscalculation and/or misapplication of LSRP determined in accordance with the LSRP rules is prohibited. These actions include, but are not limited to:
  - Misrepresentation and/or miscalculation of payroll at application, audit, or renewal
  - Failure to report changes in ownership or ownership information according to the WCIP and NCCI's *Experience Rating Plan Manual*
  - Violation of any of the terms and conditions under the policy for which this insurance was issued
  - Failure to allow us and/or the Plan Administrator and/or rating organization reasonable access to your facilities or files and records for audit or inspection
  - Failure to disclose to us and/or the Plan Administrator and/or rating organization the full nature and scope of your exposure or business operations
2. In such circumstances, we and/or the Plan Administrator and/or rating organization may obtain any information that indicates evasion or improper calculation or application of LSRP due to actions including, but not limited to, those listed above. We and/or the Plan Administrator and/or rating organization will act to ensure the proper calculation and application of LSRP to inception of all current and preceding WCIP policies impacted by these actions.

This endorsement applies in the states listed in the Schedule below.



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 00 04 17 ( B)**

POLICY NUMBER: (6JUB-8H17878-6-17)

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

---

**Schedule**

<b>State</b>	<b>Premium Eligibility</b>
ALABAMA	\$250,000
ARIZONA	\$250,000
CONNECTICUT	\$250,000
DISTRICT OF COLUMBIA	\$250,000
GEORGIA	\$250,000
IDAHO	\$250,000
ILLINOIS	\$250,000
INDIANA	\$250,000
KANSAS	\$250,000
NEW HAMPSHIRE	\$250,000
NEVADA	\$250,000
OREGON	\$250,000
SOUTH CAROLINA	\$250,000
SOUTH DAKOTA	\$250,000
TENNESSEE	\$250,000
VERMONT	\$250,000
WEST VIRGINIA	\$250,000



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

**ENDORSEMENT WC 00 04 22 ( B )**

POLICY NUMBER: (6JUB-8H17878-6-17)

**TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT  
DISCLOSURE ENDORSEMENT**

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

**Definitions**

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2015.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

**Limitation of Liability**

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

**Policyholder Disclosure Notice**

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed:
  - a. \$100,000,000, with respect to such Insured Losses occurring in calendar year 2015, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 00 04 22 ( B)**

POLICY NUMBER: (6JUB-8H17878-6-17)

- b. \$120,000,000, with respect to such Insured Losses occurring in calendar year 2016, the United States Government would pay 84% of our Insured Losses that exceed our Insurer Deductible.
  - c. \$140,000,000, with respect to such Insured Losses occurring in calendar year 2017, the United States Government would pay 83% of our Insured Losses that exceed our Insurer Deductible.
  - d. \$160,000,000, with respect to such Insured Losses occurring in calendar year 2018, the United States Government would pay 82% of our Insured Losses that exceed our Insurer Deductible.
  - e. \$180,000,000, with respect to such Insured Losses occurring in calendar year 2019, the United States Government would pay 81% of our Insured Losses that exceed our Insurer Deductible.
  - f. \$200,000,000, with respect to such Insured Losses occurring in calendar year 2020, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

**Schedule**

State	Rate	Premium
-------	------	---------

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective  
Insured

Policy No.

Endorsement No.  
Premium \$

Insurance Company

Countersigned by \_\_\_\_\_

DATE OF ISSUE: 07-13-17

ST ASSIGN: GA

Page 2 of 2





**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 00 04 24 (OO)**

**POLICY NUMBER: (6JUB-8H17878-6-17)**

## AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

Part Five-Premium, Section G. (Audit) of the Workers Compensation and Employers Liability Insurance Policy is revised by adding the following:

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we may apply an Audit Noncompliance Charge. The method for determining the Audit Noncompliance Charge by state, where applicable, is shown in the Schedule below.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, we will revise your premium in accordance with our manuals and Part 5-Premium, E. (Final Premium) of this policy.

Failure to cooperate with this policy provision may result in the cancellation of your insurance coverage, as specified under the policy.

**Note:**

For coverage under state-approved workers compensation assigned risk plans, failure to cooperate with this policy provision may affect your eligibility for coverage.

**Schedule**

<b>State(s)</b>	<b>Basis of Audit Noncompliance Charge</b>	<b>Maximum Audit Noncompliance Charge Multiplier</b>
NC	Estimated annual premium	Up to three times
AL, AR, CT, DE, DC, GA, ID, IL, IA, MN, MS, NE, NH, NM, OR, SC, SD, TN, VT, VA, WV	Estimated annual premium	Up to two times
AZ, KS, WI	Estimated annual premium	Two times
NV	Estimated annual premium	Up to one times

DATE OF ISSUE: 07-13-17

ST ASSIGN: GA



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

**ENDORSEMENT WC 00 04 21 ( D)**

POLICY NUMBER: (6JUB-8H17878-6-17)

**CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)  
PREMIUM ENDORSEMENT**

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 B), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- Catastrophe (other than Certified Acts of Terrorism): Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.
- Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- Noncertified Act of Terrorism: An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:
  - a. It is an act that is violent or dangerous to human life, property, or infrastructure;
  - b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
  - c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
- Catastrophic Industrial Accident: A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

**Schedule**

<b>State</b>	<b>Rate</b>	<b>Premium</b>
--------------	-------------	----------------

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective  
Insured

Policy No.

Endorsement No.  
Premium \$

Insurance Company

Countersigned by \_\_\_\_\_

DATE OF ISSUE: 07-13-17

ST ASSIGN: GA

Page 1 of 1



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 00 03 08 (OO) – 001**

POLICY NUMBER: (6JUB-8H17878-6-17)

**PARTNERS, OFFICERS, AND OTHERS EXCLUSION ENDORSEMENT**

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

**SCHEDULE**

**PARTNERS**

**OFFICERS**

**OTHERS**

SUIUGAN, EMIL



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 00 04 19 (00)**

POLICY NUMBER: (6JUB-8H17878-6-17)

**PREMIUM DUE DATE ENDORSEMENT**

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

**PART FIVE**

**PREMIUM**

**D. Premium** is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The due date for audit and retrospective premiums is the date of the billing.**



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

**ENDORSEMENT WC10 04 01 (00)**

POLICY NUMBER: (6JUB-8H17878-6-17)

**GEORGIA MERIT RATING ENDORSEMENT**

This endorsement applies to the insurance provided by this policy because Georgia is shown in Item 3.A. of the Information Page.

The premium for this insurance is subject to the merit rating shown in the Schedule because your premium is less than the amount necessary to be eligible for experience rating. A merit rating adjustment will not be applied if your final premium is calculated to be the Georgia minimum premium for the insured classifications.

**SCHEDULE**

**See Extension of Information Page - Schedule(s)**



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 10 06 01 ( B)**

POLICY NUMBER: (6JUB-8H17878-6-17)

**GEORGIA CANCELLATION, NONRENEWAL, AND CHANGE  
ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Georgia is shown in Item 3.A. of the Information Page.

Part Six – Conditions, Section D. (Cancellation) of the policy is replaced by the following:

**D. Cancellation, Nonrenewal, and Change**

1. You may cancel this policy. You must mail or deliver advance notice to us stating when the cancellation is to take effect, subject to the following:
  - a. If only your interest is affected, the effective date of cancellation will be the later of the date we receive notice from you or the date specified in the notice.
  - b. If by statute, regulation, or contract this policy may not be cancelled unless notice is given to a governmental agency or other third party, we will mail or deliver at least 10 days' notice to you and the third party as soon as practicable after receiving your request for cancellation.Our notice will state the effective date of cancellation, which will be the later of the following:
  - 1) 10 days from the date of mailing or delivering our notice, or
  - 2) The effective date of cancellation stated in your notice to us.
2. We may cancel or nonrenew this policy. We must mail or deliver notice at least 10 days before the effective date of cancellation if this policy has been in effect less than 60 days or if we cancel for nonpayment of premium. If this policy has been in effect 60 or more days and we cancel for a reason other than nonpayment of premium or if we nonrenew this policy, we must send to you a notice of cancellation or nonrenewal by certified mail, return receipt requested, to your last address of record at least 75 days prior to the effective date of cancellation or nonrenewal.
3. If we increase current policy premium by more than 15% (other than any increase in premium due to change in risk or exposure, including a change in experience modification or resulting from an audit of auditable coverages), limit or restrict coverage, we must mail by first class mail or deliver a notice of our action (including dollar amount of any increase in renewal premium more than 15%) to you at the last mailing address of record at least 45 days before the expiration date of this policy.
4. If you fail to submit to, or allow an audit for, the current or most recently expired policy term, we may, after two documented efforts to notify you and your agent of potential cancellation, send via certified mail or statutory overnight delivery, return receipt requested, written notice to you at least 10 days prior to the effective date of cancellation in lieu of the number of days' notice otherwise required by state law. However, we must not mail a cancellation notice within 20 days of the first documented effort to notify you of potential cancellation.
5. The policy period will end on the day and hour stated in the cancellation notice except as provided for above.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to issuance of the policy.)**

Endorsement Effective  
Insured

Policy No.

Endorsement No.  
Premium \$

Insurance Company

Countersigned by \_\_\_\_\_

DATA OF ISSUE 07-13-17 ST ASSIGN GA

Page 1 of 1



**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

POLICY NUMBER: (6JUB-8H17878-6-17)

**NOTICE OF ELECTION TO ACCEPT AN INSURANCE DEDUCTIBLE FOR  
GEORGIA WORKERS' COMPENSATION INDEMNITY AND MEDICAL  
BENEFITS**

Georgia Policyholders:

Georgia law now permits an employer to buy Workers' Compensation Insurance with a deductible. The deductible is for indemnity and medical benefits and applies separately to each accident during the policy term, regardless of the number of employees who sustain injury in the accident. The deductible amount is subject to a minimum of \$100 and a maximum of \$2,500 for each accident, with intermediate increments shown in the table below.

To prevent putting you in an uninsured position, your policy has been issued at full rates with no deductible applied.

If you wish to have this deductible option apply to your policy, fill in the information requested at the bottom of this form. Three copies of this form are provided: (1) Retain your copy for your records; (2) Send a copy to your producer to keep him/her informed of your intention; and (3) Complete and return a copy to the carrier at the service address noted above within sixty (60) days after the effective date of your policy. An endorsement will then be attached to your policy to reflect the change.

If you decide that you do not want the deductible to apply, you may disregard this form. Your policy will continue in force as issued.

For a complete explanation of how this program operates or the savings available by choosing this option, please contact your producer.

**Item #1: HAZARD GROUP:** \_\_\_\_\_

**Item #2:**

Premium Reduction Percentage  
**HAZARD GROUPS**

<u>DEDUCTIBLE PER ACCIDENT</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>
\$ 100	0.6%	0.5%	0.4%	0.3%	0.2%	0.1%	0.1%
\$ 200	1.1%	0.9%	0.8%	0.6%	0.4%	0.3%	0.2%
\$ 300	1.5%	1.3%	1.1%	0.8%	0.6%	0.4%	0.3%
\$ 400	1.9%	1.6%	1.4%	1.1%	0.7%	0.5%	0.4%
\$ 500	2.3%	1.9%	1.7%	1.3%	0.9%	0.6%	0.5%
\$ 1,000	3.7%	3.1%	2.7%	2.1%	1.5%	1.0%	0.9%
\$ 1,500	4.7%	4.0%	3.5%	2.8%	2.0%	1.4%	1.2%
\$ 2,000	5.6%	4.7%	4.2%	3.3%	2.4%	1.7%	1.5%
\$ 2,500	6.3%	5.3%	4.7%	3.8%	2.8%	2.0%	1.7%





**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

POLICY NUMBER: (6JUB-8H17878-6-17)

Yes, I want a deductible of \$\_\_\_\_\_ applied to indemnity and medical benefits under the Georgia Workers' Compensation Law. I understand that in accordance with the Georgia Law, I have the option of modifying the above deductible program choice at the time of renewal of my Workers Compensation policy.

Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Insurance Company: THE TRAVELERS INSURANCE COMPANIES

DATE OF ISSUE: 07-13-17



## If Your Employee Is Injured At Work

**Prompt reporting of work-related injuries and illnesses and the use of Travelers national Medical Network Providers can achieve better outcomes and lower your overall workers compensation claim costs!**

Whenever an Employee suffers a work-related injury or illness, the Employer should:

1. Seek appropriate medical care for the Employee.
2. If the injury or illness is acute, the Employer should always send the Employee to the nearest medical emergency department.
3. If the injury or illness is not acute, the Employer may suggest that the Employee seek treatment from the nearest Medical Network Provider. Medical Network Providers understand work-related illnesses and injuries, are credentialed to help assure quality care, and cooperate to achieve a medically appropriate return to work for the Employee. Medical Network Providers (hospitals, initial care clinics, specialists, testing, therapy, etc.) are available in all 50 States and the District of Columbia. Even before an illness or injury occurs, it may be helpful for the Employer to build a relationship with a convenient Medical Network Clinic or Hospital that will provide initial treatment for ill or injured Employees.
4. The Employee's Supervisor should gather pertinent facts about the work-related illness or injury and may use the Worksheet For Workers' Compensation Telephone Reporting provided by Travelers as a guide.
5. As soon as possible, the Employer should report all work-related illnesses or injuries to Travelers by,
  - using Travelers business insurance online reporting web site at [travelers.com](http://travelers.com)
  - dialing our toll free number, 1-800-832-7839. If needed at that time, Travelers Customer Service Representative can provide the name of a convenient Medical Network Provider. Prompt reporting of work-related illnesses and injuries is key in helping to reduce total claim costs. At the conclusion of the phone call, the Travelers Customer Service Representative will provide a claim number that should be retained for the Employer's reference and also provided to the ill or injured Employee.

The card below contains information that may be helpful in reporting work-related illnesses and injuries to Travelers and should be kept in a convenient location for use by the Employer when needed.

 WC Claim Reporting	
<ul style="list-style-type: none"><li>• Promptly report your work-related injuries to Travelers:<ul style="list-style-type: none"><li>• <a href="http://Travelers.com">Travelers.com</a></li><li>• 800-832-7839</li></ul></li><li>• Learn about Travelers unique Claim Services and find a convenient medical network provider by logging on to <a href="http://www.travelers.com">www.travelers.com</a> then <i>Select</i>:<ul style="list-style-type: none"><li>• Claim</li><li>• Workers Compensation claim resources</li><li>• Find a network Medical Provider</li></ul></li></ul>	
<div style="text-align: center;"></div>	

**WORKERS' COMPENSATION TELEPHONE REPORTING WORKSHEET**

THINGS TO REMEMBER WHEN COMPLETING THE INFORMATION BELOW:

Call the Telephone Reporting Center to quickly and easily report all Workers' Compensation injuries. We will be asking you the following questions, so please have the information handy. We will produce and submit the necessary state forms.

**DO NOT DELAY IN CALLING IF YOU DO NOT HAVE ANSWERS TO ALL THE QUESTIONS.**

ACCOUNT/ACCIDENT INFORMATION			
CALLER'S PHONE NUMBER/EXTENSION (       )	CALLER'S TITLE	CALLER'S NAME	REPORTING STATE
SUBSIDIARY NAME	SUBSIDIARY'S ADDRESS (STREET, CITY, STATE & ZIP)	SUBSIDIARY'S MAILING ADDRESS (STREET, CITY, STATE & ZIP) <input type="checkbox"/> SAME	
DID THE ACCIDENT OCCUR AT THE LOCATION ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO, ADDRESS WHERE ACCIDENT OCCURRED			
PARENT COMPANY/INSURED'S NAME			
LOCATION CODE	POLICY SYMBOL AND NUMBER	NATURE OF BUSINESS	
DATE OF INJURY		TIME OF INJURY	
ACCIDENT DESCRIPTION			
EMPLOYEE INFORMATION			
INJURED EMPLOYEE'S SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME (FIRST, MI, LAST)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH	EMPLOYEE'S MAILING ADDRESS		
EMPLOYEE'S HOME PHONE NUMBER (       )	EMPLOYEE'S HOME ADDRESS (IF DIFFERENT FROM MAILING)		
EMPLOYEE JOB INFORMATION			
EMPLOYMENT STATUS CODE <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> OTHER _____		INJURED WORKER TYPE	REGULAR OCCUPATION
OCCUPATION WHEN INJURED			
EMPLOYEE'S WORK SCHEDULE			
REGULAR WORK HOURS		HOURS/DAY	DAYS/WEEK
EMPLOYEE'S WAGE INFORMATION			
\$ _____ /HOUR OR \$ _____ /ANNUAL OR \$ _____ /WEEKLY		OVERTIME: \$ _____	ADDITIONAL BENEFITS: \$ _____
DATE OF HIRE OR LENGTH OF EMPLOYMENT			
SUPERVISOR'S NAME		SUPERVISOR'S PHONE NUMBER: (       )	BEST HOURS TO CONTACT
ACCIDENT INFORMATION			
DATE CLAIM REPORTED TO EMPLOYER?	DID EMPLOYEE LOSE ANY TIME FROM WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THE EMPLOYEE BACK AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, DATE RETURNED TO WORK?	
RETURN TO WORK STATUS <input type="checkbox"/> LIGHT <input type="checkbox"/> MODIFIED <input type="checkbox"/> REGULAR		DATE EMPLOYEE LAST WORKED	WAS INJURY FATAL? IF YES, DATE OF DEATH <input type="checkbox"/> YES <input type="checkbox"/> NO
CAUSE OF ACCIDENT (E.G., SLIP/FALL, LIFTING, CHEMICAL)			
EQUIPMENT, MATERIAL OR SUBSTANCE INVOLVED			
DO YOU QUESTION THE VALIDITY OF THE CLAIM? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WITNESS INFORMATION/OTHERS INVOLVED NAME (FIRST, MI, LAST)		ADDRESS	PHONE NUMBER

**CONTINUED ON REVERSE SIDE**

WUNTCDD05

**INJURY INFORMATION**

PART OF BODY INJURED (E.G., HEAD, NECK, ARM, LEG)

NATURE OF INJURY (E.G., FRACTURE, SPRAIN, LACERATION)

PRIOR INJURY OR PRE-EXISTING CONDITION(S) (IF YES, DESCRIBE)

☐ YES ☐ NO

TREATMENT ("X" ALL THAT APPLY)

☐ FIRST AID —TREATMENT AND DATE OF 1<sup>st</sup> TREATMENT☐ HOSPITAL/  
CLINIC —NAME, ADDRESS, PHONE NUMBER, PHYSICIAN NAME, TREATMENT, DATE OF 1<sup>st</sup> TREATMENT, LENGTH OF STAY AMBULANCE USED?

WAS EMPLOYEE TREATED IN AN EMERGENCY ROOM?

☐ YES ☐ NO

WAS EMPLOYEE HOSPITALIZED OVERNIGHT AS AN IN-PATIENT?

☐ YES ☐ NO☐ PHYSICIAN —**SEE WORKERS' COMPENSATION - FIRST REPORT OF INJURY - STATE SPECIFIC QUESTIONS FOR YOUR INDIVIDUAL STATE.****CUSTOMER SPECIFIC INFORMATION****ADDITIONAL COMMENTS & INFORMATION**

**WORKERS' COMPENSATION – FIRST REPORT OF INJURY – STATE SPECIFIC QUESTIONS****Alabama**

Employee's County:  
 Return to work (Y/N):  
 At what Occupation:  
 At what Wage \$:  
 Return to work wage is per (Day, Week or Month):  
 Employer's ID (U.C. Account) Number:  
 What Specific Product(s) does the business produce:

**Alaska - No Additional State Questions****Arizona**

Last Day of Work after injury:  
 Number of Days per Week Company usually Works:  
 Department Number:  
 If Validity of Claim is Doubted, state Reason:  
 Has injured been employed for more than 12 months (Y/N):  
 Was employee on overtime when injured (Y/N):

**Arkansas - No Additional State Questions****California**

State Unemployment Insurance Account Number:  
 Date employee was provided Employee Claim Form:  
 Has your employee pre-designated a primary treating physician (Y/N):  
   If Yes, Primary Treating Physician's  
     First Name:   Last Name:   Street Address:  
     City:   State:   Zip:   Phone:  
 If No, did your employee require medical treatment (Y/N):  
   If Yes, Treating Physicians  
     First Name:   Last Name:   Phone:  
 If No, and employee requires medical treatment in the future, you can go to our website [WWW.MYWCOMPINFO.COM](http://WWW.MYWCOMPINFO.COM) to find a provider in the Medical Provider Network.

**Colorado**

Employer Federal ID Number  
 Does Employer have a salary continuation program (Y/N)  
 If "Yes" is this program registered with the state (Y/N)

**Connecticut - No Additional State Questions****Delaware**

Employer's UC Reporting Number:  
 Employees County:  
 Returned to work (Y/N):   If Yes, at same wage (Y/N):

**District of Columbia**

Employer ID Number:  
 Returned to work (Y/N):  
   If Yes, at what Time:   AM/PM  
   At what Wage \$:   Per (Day, Week or Month):  
 Was injured hired in DC (Y/N):  
 Was employee in his/her regular occupation when injured (Y/N):  
 Was injured given Form #7 DCWC (Y/N):  
 Piece or Time Worker (piece, time or blank):

**Florida - No Additional State Questions****Georgia**

Wage Rate at time of injury \$:   Per:  
 First Date employee failed to work a full day:  
 Did employee work the next day (Y/N):  
 Return to work Wage \$:  
 Return to work wage is per (Day, Week or Month):

**Hawaii**

Was employee furnished meals or lodging (Y/N):

**Idaho - No Additional State Questions****Illinois**

Has the injured worker signed a medical authorization (Y/N):  
 If yes, inform them to please fax the signed medical authorization to the med auth customer service specialist at 1-877-786-5567.

**Indiana - No Additional State Questions****Iowa - No Additional State Questions****Kansas**

SIC Code:  
 Was worker admitted to hospital (Y/N):  
   If Yes, Date of Admission:  
 Was worker treated in emergency room only (Y/N):  
 Returned to work (Y/N):  
 If employee has returned to work, was return to light duty (Y/N):  
 Is further medical aid needed (Y/N):  
 Is compensation now being paid (Y/N):  
   If Yes, Date of first Initial Payment:  
 Fatal (Y/N):  
   If Yes, Name and Address of Dependents:

**Kentucky - No Additional State Questions****Louisiana**

Employer's Federal ID Number:  
 Employer's Unemployment Insurance Reporting Number:  
 Returned to work (Y/N):  
   If Yes, at same wage (Y/N):  
 Last Full Day Paid:  
 If occupational disease, Date of Initial Diagnosis:  
 Parish (county) where injury occurred:

**Maine**

Employer's State Unemployment Insurance Account Number (UIAN):  
 Federal Employer Insurance Number (FEIN):

**Maryland - No Additional State Questions****Massachusetts**

Federal ID Number:  
 Returned to work (Y/N):  
 Did employee return to his/her regular occupation (Y/N):  
 Describe nature of business or article manufactured (S=Service, W=Wholesale, R=Retail, M=Manufacturing):  
 Date Reported as work related:

**Michigan**

Federal ID Number:

**Minnesota**

Date employer notified of lost time:  
 NAICS Code Number:

**Mississippi - No Additional State Questions****Missouri - No Additional State Questions****Montana - No Additional State Questions****Nebraska - No Additional State Questions****Nevada**

How long employed by you in Nevada   Years:   Months:  
 If Validity of Claim is Doubted, state Reason:

**New Hampshire**

Federal I.D. Number:  
 Was the employee injured in his/her regular occupation (Y/N):  
 Was injured hired in New Hampshire (Y/N):  
 Number of Full-Time Employees:  
 Number of Part-Time Employees:  
 If leased or temporary worker, provide the Client's Business Name:  
 Was accident caused by injured's failure to use safeguards or follow regulations (Y/N):  
 Probable Length of Disability:  
 Returned to work (Y/N):  
   At what Occupation:  
 Returned at Full Duty:  
 Returned at Alternative/Light Duty:  
 Initial treatment ("X" all that apply)  
   No medical treatment:   Care provided by employer only (on-site):   Emergency Care:   Hospitalized:   Outpatient:  
   Clinic:  
   Office Visit:   Other-explain:  
 Is there a managed care program (Y/N):

**WORKERS' COMPENSATION – FIRST REPORT OF INJURY – STATE SPECIFIC QUESTIONS**

If Yes, Name of Provider:  
 Is there a written safety program in force (Y/N):  
 Is there an active safety committee (Y/N):  
 Employee's Legal First Name (please validate):

**New Jersey** - No Additional State Questions

**New Mexico** - No Additional State Questions

**New York**

Did you provide medical care (Y/N):  
 If Yes, When:  
 Returned to work (Y/N):  
 If Yes, at what Weekly Wage \$:  
 Injured workers Work Week (indicate days regularly worked):  
 Fatal (Y/N):  
 If Yes, Name and Address of nearest relative:  
 Relationship:

**North Carolina**

Regular Wages per Day \$:  
 Average Weekly Wages with Overtime \$:  
 Returned to work (Y/N):  
 If Yes, at what Time: AM/PM  
 If Yes, what Date:  
 Return to work at what Wage \$: Per (Day, Week or Month):  
 Return to work at what Occupation:

**North Dakota** - No Additional State Questions

**Ohio**

Time Accident Reported to employer: AM/PM:  
 Has employee ever filed a previous application for this injury (Y/N):  
 Has employee filed any other claims with the Bureau or Industrial Commission (Y/N):  
 If Yes, specify Claim Number and Body Parts:  
 Employee's County:  
 Current Employer's Risk Number:

**Oklahoma**

Was employment agreement made in Oklahoma (Y/N):  
 SIC Number:  
 Type of Ownership (P=Private, S=State Government, C=County Government, L=Local Government):

**Oregon**

Hospitalized overnight as inpatient (if emergency room only, answer N) (Y/N):  
 Was accident caused by failure of machinery or product (Y/N):  
 Did someone (not worker) cause accident (Y/N):  
 Time worker left work: AM/PM:

**Pennsylvania**

Employee's County:  
 Bureau Code:  
 NAICS Code:  
 Employer's County:  
 Are you aware of a 'Panel of Physicians' for your Employer? (Y/N)

**Rhode Island**

Federal ID Number:  
 First Full Day Lost from work:  
 Unemployment Insurance Number:  
 State of Hire:  
 Was this injury previously an "Incident Only" with no medical treatment and no lost time (Y/N):  
 If Yes, Date Employer first Notified of medical treatment or lost time:  
 Category of Injury or Illness ("X" all that apply):  
 Injury: Illness: Occupational Disease: Repetitive Trauma:  
 Occupational Hearing Loss: Unknown:

**South Carolina** - No Additional State Questions

**South Dakota**

Federal ID Number:  
 Number of employees:  
 Body Part Injured Code (2 digits):  
 Cause of Injury Code (2 digits):  
 Nature of Injury Code (2 digits):  
 Was employee hired for temporary employment (Y/N):  
 Carrier Code:

**Tennessee** - No Additional State Questions

**Texas** - No Additional State Questions

**Utah** - No Additional State Questions

**Vermont**

Federal ID Number:  
 Was employee hired in Vermont (Y/N):  
 Does the employer regularly employ 10 or more employees (Y/N):  
 Returned to work (Y/N): If Yes, at what Weekly Wage \$:  
 Was injured paid in full for the date disability began (Y/N):  
 Was employee injured at his/her regular occupation (Y/N):  
 Fatal (Y/N):  
 If Yes, Name, Address and Relationship of Nearest Relative:  
 Last Date Paid in Full:

**Virginia**

Returned to work (Y/N): If Yes, at what Wage \$:  
 Federal Tax ID Number:

**Washington** - No Additional State Questions

**West Virginia**

Has the employee been given "The Employees and Physicians Report of Injury Form" (Y/N)

**Wisconsin** - No Additional State Questions

**Wyoming** - No Additional State Questions

**U.S. Longshoreman (USDOL)** - No Additional State Questions



**ATTENTION: GEORGIA CONTRACTORS**  
**YOU MAY BE LIABLE FOR WORKERS COMPENSATION COVERAGE FOR YOUR CONTRACTORS**

Did you know that if you have Workers' Compensation Insurance in Georgia and you use contractors in your business you may be liable for uninsured contractors? Without valid Workers' Compensation certificates of insurance for your contractors you may be charged an additional premium.

Your contractors may provide you with a certificate of insurance as evidence of Workers' Compensation coverage. The certificate of insurance lists the Workers' Compensation carrier, policy number and policy term. The contractor working for you is shown as the "Insured", and your company as "Certificate Holder". However, a certificate of insurance does not guarantee that coverage is valid and in force when the contractor is working for you.

Why do you need to know if a Certificate of Insurance is valid?

- You need to know this because if one of your contractor's policies cancels you may be charged an additional premium during the period the contractor was uninsured.
- As the primary contractor you may not always be notified of a contractor's policy cancellation, which would then make you liable for providing Workers Compensation insurance for these uninsured contractors and premiums will be assessed to you.
- Just because you are a certificate holder does not guarantee that workers compensation coverage is valid for the contractor or that you will be notified of cancellation.

The Georgia State Board of Workers' Compensation website has a link to verify Workers' Compensation coverage.

Please take a few minutes to review the following tips and procedures to help you to verify if all your contractors have Workers' Compensation coverage.

**\*Go to:** <http://sbwc.georgia.gov/portal/site/SBWC/>

- Under the heading "**How Do I**", click on: "**verify an employer's workers' compensation insurance coverage?**"
- Scroll to the bottom of the page click on: "**Click here to conduct an Employer Insurance Coverage Search**"

If you find coverage was cancelled or not in effect, please follow up with your contractor immediately as you may be liable for the uninsured exposure.

**Remember, you as the primary contractor are liable for providing workers compensation insurance for uninsured subcontractors.**

**-----Important Reminder to Producers Issuing Certificates of Insurance -----**

As stated on the NCCI Binder letter and outlined in the NCCI Assigned Risk Supplement to the Basic Manual, producers are authorized to issue certificates of workers compensation insurance when all of the following conditions exist:

- The certificate is issued only on the standard ACORD form
- The certificate is issued only for operations listed in 3.A. of the Information Page
- The policy terms are unchanged
- The certificate holder is not extended any greater rights than the insured
- The assigned carrier is provided with a copy of each certificate issued

Website address is not maintained by the insurance carrier and is subject to change. For additional help with verifying workers compensation coverage in Georgia call the Georgia Verification Unit at 800-533-0682.





## **ATENCIÓN: CONTRATISTAS EN GEORGIA USTED PUEDE SER RESPONSABLE POR EL SEGURO DE TRABAJO DE SUS CONTRATISTAS**

Sabia usted que si tiene un Seguro de Compensación de Trabajadores (Worker's Compensation Insurance) en el Estado de Georgia y utiliza contratistas en su empresa usted puede ser responsable de los contratistas que no tengan seguro? Si usted no tiene un Certificado de Seguro de Compensación de Trabajadores válido para sus contratistas es posible que usted sea responsable de pagar una prima adicional en su póliza.

Los contratistas pueden proporcionarle un certificado de seguro como evidencia de que tienen Seguro de Compensación de Trabajadores (Worker's Compensation Insurance). El certificado de seguro le proveera el nombre de la compañía de seguro de trabajadores (Insurance Carrier), el número de póliza (policy number) y el período de tiempo (policy period) por el cual el empleador estuvo asegurado. El contratista que trabaje para usted se muestra como el "Asegurado" (Insured) y su negocio como "Titular del Certificado" (Certificate Holder). Sin embargo tenga presente que un certificado de seguro **NO** le garantiza que la cobertura es válida y activa cuando un contratista está trabajando para usted.

¿Por qué necesita usted saber si un certificado de seguro es válido?

- Si una de las pólizas de sus contratistas se cancela una prima adicional puede ser cobrada por el período de tiempo que el contratista no fue asegurado y que trabajo para usted.
- Es posible que usted **NO** siempre sea notificado de la cancelación de la póliza de uno de sus contratista(s) por lo cual usted sería el responsable de proporcionar seguro de compensación laboral para estos contratistas no asegurados y además, usted puede ser responsable de pagar prima adicional en su póliza.
- Sólo porque usted es el titular de un certificado no garantizan que la cobertura de compensación de los trabajadores es válida para el contratista o que recibirá una notificación de cancelación.

El Consejo de Trabajadores de el Estado de Georgia tiene una página de internet dedicada a los empleadores donde se puede acceder y verificar la cobertura de seguros de contratistas. Tómese unos minutos para revisar los siguientes consejos y procedimientos que le ayudarán a verificar si todos los contratistas que trabajan para usted tienen cobertura de compensación de trabajadores.

**\*VISITE:** <http://sbwc.georgia.gov/portal/site/SBWC/>

- Bajo el título " **How Do I** ",  
haga click en: " **verify an employer's workers' compensation insurance coverage?** "
- Desplácese hasta la parte inferior de la página,  
haga click en: " **Click here to conduct an Employer Insurance Coverage Search** "

Si encuentra que la cobertura de unos de sus contratistas fue cancelada o que ya expiro por favor comuníquese con su contratista inmediatamente ya que usted puede ser responsable por el tiempo que el contratista estuvo sin seguro.

**Recuerde que tanto usted como el contratista principal son responsables de ofrecer a los trabajadores una indemnización de seguro por subcontratistas no asegurados.**

Dirección del sitio Web no es mantenida por el proveedor de seguros y está sujeta a cambios. Para obtener ayuda adicional con la verificación de la cobertura de compensación a los trabajadores en Georgia llamar a la unidad de verificación de Georgia en el 800-533-0682



## WORKERS COMPENSATION TELEPHONE REPORTING

Dear Employer,

We are pleased to offer you a toll-free telephone reporting service to report employee injuries. This service has been designed to **save you time, reduce paperwork, and reduce the cost of worker's compensation insurance.**

The rising cost of workers compensation insurance is of concern to you and other employers in your state, as it is to Travelers. Travelers has made this service available so that we can better control claim costs and reduce the ever growing costs of the workers compensation system.

**The number is 1-800-832-7839**

Studies have shown that injured workers reassured that their medical and lost time costs will be covered are less likely to seek assistance from outside of the system. This reduces costs while helping return Workers Compensation to its original purpose as a direct delivery system for injured workers. Additionally, employer involvement and concern for their injured employee has accelerated the employee's return to work, reducing costs even further.

We have taken this step with our customers serviced by the Travelers in your state to demonstrate our continued commitment to provide the highest level of service to all of our customers.

Please review the enclosed material. You will find that it is easy to follow and use. Your producer has also received a copy of this information and may wish to advise you further about this service and how it can have a positive effect on the cost of workers compensation insurance.

If you would like more information about this program or any other services available from The Travelers please contact our Service Center.

Sincerely,

The Travelers

# **WORKERS' COMPENSATION TELEPHONE REPORTING 1-800-832-7839**

---

## **TO REPORT A WORKERS' COMPENSATION CLAIM**

When an employee is injured, the most important thing is to secure appropriate medical treatment. Once this has been done, the claim should be called into The Travelers.

Suggested Steps:

**1. Gather the facts.**

Use the GUIDE FOR REPORTING WORKERS' COMPENSATION CLAIMS as a reference. It is not necessary to write answers to questions you know, it is a tool to help reduce the amount of time you are on the telephone.

Remember, the objective is to report the claim quickly. We need the employee's name, social security number and a description of the accident. Try to gather as much information as possible, but don't worry if you do not have the answers to each and every question.

**2. Call the Customer Service Unit.**

We have a single telephone number and the call will automatically be routed to the proper regional Customer Service Unit. You will be greeted on the telephone by a Customer Service Representative, who will complete the state specific notice of injury on the system by asking you the necessary questions. The order of the questions will be the same every time you call.

The questions are grouped into three sections:

- **General Questions**

This section contains questions specific to you, your employee and the accident. Once you have reported a claim, the system will prefill your employer specific information, such as your policy number on all future claims.

- **State Specific Questions**

If the jurisdiction requires data not covered in the general section, it will be covered here.

- **Additional Comments and Information**

If you would like to provide additional information not covered elsewhere, the Customer Service Representative will be able to record this in a free form area.

**3. Let Your Employee Know.**

Before you hang up, the Customer Service Representative will give you a claim number.

Referencing the claim number will help expedite the handling of the rest of the claim. Please include the claim number with all future correspondence, such as wage statements or medical bills. Please be sure to give this number to your employee.

# **ATTENTION**

## **NOTICE TO POLICYHOLDERS**

**IF YOU HAVE EMPLOYEES WHO TRAVEL OR WORK  
OUT OF STATE, YOU MAY NEED ADDITIONAL  
WORKERS' COMPENSATION INSURANCE.  
CONSULT YOUR INSURANCE ADVISOR OR CARRIER  
PRIOR TO COMMENCEMENT OF OPERATIONS IN  
ANY STATE NOT LISTED ON YOUR POLICY.**

**IMPORTANT NOTICE – NEW, UNCOLLECTED OR  
UNCONTEMPLATED SURCHARGES**

**NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.**

The insurer is responsible for the collection of any surcharge related to the policy premium in accordance with state laws or regulations. While surcharges are commonly known at the time of policy issuance, there are instances when a state amends existing, or institutes new, surcharge rates after policy issuance. The insured is responsible to reimburse the insurer when billed for the amount of any surcharge.



## PRIVACY NOTICE

THE TRAVELERS INSURANCE COMPANIES

### PRIVACY POLICY

Thank you for selecting **THE TRAVELERS INSURANCE COMPANIES** as your workers compensation insurer. At **THE TRAVELERS INSURANCE COMPANIES** a subsidiary of Travelers, we recognize that privacy is important to you. That is why we are committed to protecting your privacy through the adoption of the following privacy principles:

#### Collection Of Information

We collect, retain, and use information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, only where we believe that it will help or is necessary to provide you products and services or otherwise conduct our business. We collect nonpublic personal financial information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, from the following sources:

- information we receive from you or through your agent or broker on applications or other forms;
- information we receive from or about you in the process of adjusting claims;
- information about your other transactions, including risk control and other consulting services, with us, our affiliates or other third parties;
- information about your coverages and loss activity with other carriers; and
- information we receive from a consumer reporting agency.

Such information includes identifying information such as policyholder, participant, beneficiary or claimant name, address, and social security number; financial information such as income, payment history, or credit history; and, under certain circumstances, health information such as information about an illness, disability, or injury. It could also include information on claims with other insurance companies and us and the condition and maintenance of your property.

#### Disclosure Of Information

We usually do not disclose nonpublic personal information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, without your consent. However, in some circumstances we may disclose information to others without your prior authorization. The most common disclosures are to the following persons:

- our affiliated property and casualty insurance companies;
- state insurance departments, for their regulation of our business;
- other government authorities;
- our agents and brokers as necessary to conduct our business;
- organizations that perform underwriting and claims investigations;
- another insurance company to which you have applied for a policy or submitted a claim;
- insurance support agencies, law enforcement agencies and our reinsurers; and
- any other third party, as permitted or required by law.

<p><b>Most importantly, THE TRAVELERS INSURANCE COMPANIES</b> <b>does not and will not disclose or sell nonpublic personal information</b> about you, or about participants, beneficiaries or claimants under your workers compensation coverage, <b>to anyone for marketing purposes.</b></p>
--

**Confidentiality And Security**

We restrict access to nonpublic personal information about you, or about participants, beneficiaries or claimants under your workers compensation coverage, to those who need it to serve your insurance needs and to maintain and improve customer service. We maintain physical, electronic, and procedural safeguards that comply with federal and state laws and regulations to guard your nonpublic personal information.

**Disclosure and Protection of Former Customers' Information**

We may disclose all the personal information we have collected, as described above. However, even if you no longer have a customer relationship with us, we will continue to follow our privacy policies and practices to protect your information.

**Changes In Privacy Policy**

We may choose to modify our policy regarding the treatment of personal information at any time. Before we do so, we will notify you and provide an updated privacy notice.



**IMPORTANT NOTICE – INDEPENDENT AGENT AND BROKER  
COMPENSATION**

**NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.**

For information about how Travelers compensates independent agents and brokers, please visit [www.travelers.com](http://www.travelers.com), call our toll-free telephone number 1-866-904-8348, or request a written copy from Marketing at One Tower Square, 2GSA, Hartford, CT 06183.

ISSUED TO: **PRIME PAINTERS LLC****8H178786**

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

## OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

### WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including, an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

#### State Board of Workers' Compensation

270 Peachtree Street, N.W.  
Atlanta, Georgia 30303-1299  
404-656-3818  
or 1-800-533-0682

<http://www.sbwg.georgia.gov>

name/address/phone	name/address/phone	name/address/phone
name/address/phone	name/address/phone	name/address/phone

(Additional doctors may be added on a separate sheet)

The insurance company providing coverage for this business  
under the Workers' Compensation Law is:

**THE TRAVELERS INSURANCE COMPANIES**

Name \_\_\_\_\_

**CALLER SERVICE #1818**

**ALPHARETTA, GA 30023-1818**

address

**1-800-238-6225**

phone

**IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818  
OR 1-800-533-0682 OR VISIT <http://www.sbwg.georgia.gov>**

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to  
penalties of up to \$10,000.00 per violation (O.C.G. A. § 34-9-18 and § 34-9-19)

WC-P1 (7/2006)

ISSUED TO: PRIME PAINTERS LLC

WC-BILL OF RIGHTS

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION****BILL OF RIGHTS FOR THE INJURED WORKER**

As required by law, O.C.G.A. §34-9-81.1, this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

**Employee's Rights**

1. If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.
2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job. All injuries occurring on or before June 30, 2013 shall be entitled to lifetime medical benefits. If your accident occurred on or after July 1, 2013 medical treatment shall be limited to a maximum of 400 weeks from the accident date. If your injury is catastrophic in nature you may be entitled to lifetime medical benefits.
4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage but not more than \$575 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-0849.
6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$575 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$383 per week, not to exceed 350 weeks.
7. When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than \$383 per week for no longer than 350 weeks.
8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two-thirds of your average weekly wage, but not more than \$575 per week. A widowed spouse with no children will be paid a maximum of \$230,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.
9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-533-0682, or write the State Board of Workers' Compensation at: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: <http://www.sbwcc.georgia.gov>. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777 or 1-800-237-2629.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwcc.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).

**Employee's Responsibilities**

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

ISSUED TO: **PRIME PAINTERS LLC****WC-BILL OF RIGHTS****JUNTA ESTATAL DE COMPENSACIÓN DE TRABAJADORES DE GEORGIA****DECLARACIÓN DE DERECHOS PARA EL TRABAJADOR LESIONADO**

Según lo requiere la Ley O.C.G.A. §34-9-81.1, esto es un recuento de sus derechos y responsabilidades. La Ley de Compensación de Trabajadores le provee a usted, como trabajador en el Estado de Georgia, ciertos derechos y responsabilidades si usted se lesiona en el trabajo. La Ley de Compensación de Trabajador lo provee a usted con cobertura de lesiones relacionadas con el trabajo aunque su lesión sea en el primer día de trabajo. Además de sus derechos, usted también tiene ciertas responsabilidades. Sus derechos y responsabilidades están descritos abajo.

**Derechos de los Empleados**

1. Si usted se lesiona en el trabajo, usted puede recibir rehabilitación médica y beneficios de ingresos. Estos beneficios son proveídos para ayudarlo a regresar al trabajo. También sus dependientes pueden recibir beneficios si usted muere como resultado de lesiones recibidas en el trabajo.
2. Se le requiere a su empleador que anuncie una lista de seis doctores o por lo menos el nombre de una WC/ MCO certificado que provee cuidados médicos, al menos que la Junta halla otorgado una excepción. Usted puede escoger un doctor de la lista sin el permiso de su empleador. Sin embargo, en una emergencia, usted puede recibir asistencia medica temporaria de cualquier otro medico hasta que la emergencia termine después usted debe recibir tratamiento de los médicos que se anuncian en la lista.
3. Sus cuentas médicas autorizadas, cuentas de hospital, rehabilitación en algunos casos, terapia física, recetas y gastos de transporte serán pagados si la lesión fue ocasionada por un accidente en el trabajo. Todas las lesiones que ocurren en o antes 30 de junio de 2013 se tendrá derecho a beneficios médicos de por vida. Si el accidente ocurrió en o 1 de julio del 2013 el tratamiento médico será limitado a un máximo de 400 semanas a partir de la fecha del accidente. Si su lesión es catastrófica en la naturaleza que puede tener derecho a beneficios medicos de por vida.
4. Usted tiene derecho a recibir beneficios de ingresos semanales si usted ha perdido tiempo por más de siete días debido a una lesión. Su primer cheque debe ser enviado a usted dentro de 21 días, después del primer día que faltó al trabajo. Si esta fuera más de 21 días consecutivos debido a su lesión, se le pagara la primera semana.
5. Los accidentes son clasificados ya sea catastróficos o no catastróficos. Lesiones catastróficas son las que envuelven amputación, parálisis severas, lesiones severas de la cabeza, quemaduras severas, ceguera que prevenga al empleado a que pueda realizar el o ella su trabajo anterior o cualquier otro trabajo disponible en numero considerable dentro de la economía nacional. En casos catastróficos usted tiene derecho a recibir un promedio de dos terceras partes de su ingreso semanal pero no más de \$575 por semana por una lesión relacionada con el trabajo durante todo el tiempo que usted no pueda regresar a su trabajo. Usted también tiene derecho a recibir beneficios médicos y de rehabilitación. Si usted necesita ayuda en esta área llame a la Junta Estatal de Compensación de Trabajadores al (404) 656-0849.
6. En todos los otros casos (no catastróficos) usted tiene el derecho a recibir dos terceras partes de su sueldo promedio semanal pero no mas de \$575 por semana de una lesión relacionada de trabajo, usted recibirá estos beneficios mientras usted este incapacitado. Pero no más de 400 semanas si no esta trabajando y se determina que usted esta capacitado a desempeñar con restricción por 52 semanas consecutivas o 78 semanas agregadas sus ingresos semanales serán reducidos a dos terceras partes de su sueldo promedio pero no más de \$383 por semana, que no excedan 350 semanas.
7. Cuando usted pueda regresar a trabajar pero solo pueda conseguir empleo de salario bajo como resultado de su lesión usted tiene derecho a un beneficio semanal de no mas de \$383 por semana pero no más de 350 semanas.
8. En caso de que usted muera como resultado de un accidente en el trabajo, su dependiente (s) recibirán para gastos de entierro \$7,500 y dos terceras partes de su sueldo promedio semanal, pero no más de \$575 por semana. Una esposa viuda sin niños se le pagara un máximo de \$230,000 en beneficios continuos hasta que EL/ELLA se vuelva a casar o abiertamente cohabite con una persona del sexo opuesto.
9. Si usted no recibe beneficios cuando sea debido, la compañía de seguro/empleador debe de pagar penalidades, que se agregaran a sus pagos.

**Responsabilidades de los Empleados**

1. Usted debe de seguir las reglas escritas de seguridad y otras pólizas razonables y procedimientos del empleador.
2. Usted debe reportar cualquier accidente inmediatamente, pero no más tarde de 30 días después del accidente, a su empleador, los representantes del empleador, su capataz o supervisor inmediato. Fallar en hacerlo puede resultar en la perdida de sus beneficios.
3. Un empleado tiene la continua obligación de cooperar con proveedores médicos en el curso de su tratamiento relacionado con lesiones de trabajo. Usted debe aceptar tratamientos médicos razonables y servicios de rehabilitación cuando sean ordenados por la Junta Estatal de Compensación de Trabajadores o la Junta puede suspender sus beneficios.
4. No se permitirá compensación por una lesión o muerte debido a una conducta mal intencionada de los empleados.
5. Debe de notificar a la compañía de seguro/empleador de su dirección cuando se mude a un nuevo lugar. Usted debe notificar a la compañía de seguros/empleador cuando usted halla regresado a trabajar de tiempo completo o medio tiempo y reportar la cantidad de su salario semanal porque usted puede tener derecho a algún beneficio de ingreso aun así halla regresado al trabajo.
6. Una esposa dependiente de un empleado difunto debe notificar a la compañía de seguro/empleador de cambios de dirección o nuevo matrimonio.
7. Usted debe intentar un trabajo aprobado por su medico autorizado aunque el pago sea mas bajo que en el trabajo que usted tenia cuando se lesionó, si usted no intenta el trabajo sus beneficios pueden ser suspendidos.
8. Si usted cree que debe recibir beneficios y su compañía de seguros/empleador niega estos beneficios. Usted debe de hacer un reclamo dentro de un año después del ultimo tratamiento medico o dentro de dos años de su último pago de beneficios semanales o usted perderá sus derechos a estos beneficios.
9. Si su (s) dependiente (s) no reciben beneficio de pagos permitidos. El dependiente debe hacer un reclamo con la Junta Estatal de Compensación de Trabajadores dentro de un año después de su muerte o perderán los derechos a estos beneficios.
10. Algun pedido de reembolso a usted por millas o otros gastos relacionados con tratamiento medico debe ser sometidos a la compañía de seguros/empleador dentro de un año del día que los gastos fueron incurridos.
11. Si un empleado injustificadamente rehúsa a someterse a una prueba de droga después de una lesión en el trabajo habrá una presunción de que el accidente y lesión fueran causados por droga o alcohol. Si la presunción no se sobrepone por otras evidencias, algún reclamo hecho para beneficios de compensación de Trabajador serán negados.
12. Usted será culpable de un delito menor y una vez convicto debe ser castigado con una multa de no más de \$10,000.00 o encarcelamiento de hasta 12 meses o las dos, por hacer declaraciones falsas o engañosos testimonios cuando reclame beneficios. También cualquier declaración falsa o evidencia falsa dadas bajo juramento durante el curso de alguna audiencia de división de apelación o administración es perjurio.

La Junta de Compensación de Trabajadores le proporcionará la información relativa a la manera de presentar una reclamación y responderá a cualquier preguntas adicionales sobre sus derechos en virtud de la ley. Si usted llama en la zona de Atlanta, el teléfono es el (404) 656-3818 y fuera de la zona metropolitana de Atlanta, llame al 1-800-533-0682, o escriba a la Junta Estatal de Compensación de Trabajadores a 270 Peachtree Street, NW, Atlanta, Georgia 30303-1299 o visita sitio web: <http://www.sbwcc.georgia.gov>. No es necesario tener un abogado para presentar una reclamación a la Junta; sin embargo, si usted cree que necesita los servicios de un abogado y no tiene uno propio, usted puede ponerse en contacto con el Servicio de Referencia de Abogados (Lawyers Referral Service) al teléfono (404) 521-0777 o al 1-800-237-2629.

SI USTED TIENE PREGUNTAS LLAME AL (404) 656-3818 O 1-800-533-0682 O VISITA SITIO WEB: <http://www.sbwcc.georgia.gov>  
CUALQUIER DECLARACIÓN FALSA Y DELIBERADA PARA OBTENER O NEGAR BENEFICIOS ES UNA OFENSA CRIMINAL Y ES SUJETO A PENALIDADES DE HASTA \$10,000 POR CADA VIOLACIÓN (O.C.G.A. §34-9-18 Y §34-9-19).

ISSUED TO: PRIME PAINTERS LLC

8H178786

(Este aviso debe ser puesto en un lugar accesible al empleado todo el tiempo.)

## AVISO OFICIAL

Esta compañía opera bajo las Leyes de Compensación de Trabajadores de Georgia

### LOS TRABAJADORES DEBEN REPORTAR TODOS LOS ACCIDENTES INMEDIATAMENTE AL EMPLEADOR Y AVISAR AL EMPLEADOR PERSONALMENTE, UN AGENTE, PREPRESENTANTE, PATRON, SUPERVISOR O CAPATAZ.

Si un trabajador es lesionado en el trabajo el empleador debe pagar gastos médicos y rehabilitación dentro de los límites de la ley. En algunos casos el empleador también pagará una parte de los salarios perdidos de los empleados.

Lesiones de trabajo y enfermedades ocupacionales deben ser reportados por escrito cuando sea posible. El trabajador puede perder el derecho a recibir compensación si un accidente no es reportado dentro de 30 días (referencia O.C.G.A. § 34-9-80).

El empleador ofrecerá sin costo alguno, si es pedido, un formulario para reportar accidentes y también debe suministrar, sin costo alguno, información acerca de compensación de trabajadores. El empleador también debe suministrar al empleado, cuando sea pedido, copias de formularios de la Junta archivados con el empleador pertenecientes a reclamos de los empleados.

Un trabajador lesionado en el trabajo debe seleccionar un doctor de la lista abajo. El panel mínimo debe consistir de por lo menos seis médicos, incluyendo un cirujano ortopédico con no más de dos médicos de clínicas industriales (referencia O.C.G.A. § 34-9-201). Además, este panel debe incluir un médico minoritario, cuando sea posible (vea la regla 201 de definición de médicos minoritarios.) La Junta puede otorgar excepciones al tamaño requerido del panel donde se demuestre que más de cuatro médicos no son razonablemente accesibles. Un cambio de un doctor a otro en la lista se puede hacer fin permiso. Cambios adicionales requieren el permiso del empleador o de la Junta Estatal de Compensación de Trabajadores.

#### Junta Estatal de Compensación de Trabajadores

270 Peachtree Street, N.W.  
Atlanta, Georgia 30303-1299  
404-656-3818  
o 1-800-533-0682  
<http://www.sbwc.georgia.gov>

---

 nombre /dirección /teléfono

---

 nombre /dirección /teléfono

---

 nombre /dirección /teléfono

---

 nombre /dirección /teléfono

---

 nombre /dirección /teléfono

---

 nombre /dirección /teléfono

(Médicos adicionales pueden ser agregados en una hoja separada.)

La compañía de seguro que provee cobertura para esta Empresa bajo la ley de Compensación de Trabajadores es:

#### THE TRAVELERS INSURANCE COMPANIES

Nombre

CALLER SERVICE #1818

ALPHARETTA, GA 30023-1818

1-800-238-6225

dirección

teléfono

SI USTED TIENE PREGUNTAS LLAME AL (404) 656-3818 o 1-800-533-0682 o VISITA SITIO WEB: <http://www.sbwc.georgia.gov>

HACER FALSOS TESTIMONIOS VOLUNTARIAMENTE CON EL PROPÓSITO DE OBTENER O NEGAR BENEFICIOS ES UN CRIMEN SUJETO A PENALIDADES DE HASTA 10,000.00 POR VIOLACIÓN (O.C.G.A. §34-9-18 §34-9-19.)

WC-P1 (7/2006)





**IMPORTANT NOTICE**

Dear Producer,

Travelers has a toll-free telephone reporting system for workers compensation claims.

**The number is 1-800-832-7839.**

Telephone reporting is a valuable aid benefiting all parties. It reduces paper-work and claims handling time. Most importantly, it allows Travelers to immediately take charge of the claim with our managed care program. Early involvement by the employer and a Travelers claims case manager, will serve to speed an injured worker's return to work and lower overall claim costs.

Your assistance in advising your insured about the value of this service in reducing claim costs will help Travelers form the essential coalition of employer, producer and servicing company.

If you would like more information about this program or any other services available from The Travelers please contact our Service Center.

Travelers is committed to providing the highest quality of service to their customers and appreciates your cooperation in these efforts.

Sincerely,

The Travelers

## **STATE WCIP COMMISSION SCALES**

The Residual Market Workers Compensation Insurance Plans (WCIP) allow licensed producers to receive a producer fee for services provided to the employer. The producer fee is calculated using a graduated producer fee schedule that is filed by the Plan Administrator with the state regulatory authorities. The payment of producer fees varies by state. Producer fees are typically based on the state standard premium charged and collected or total premium charged and collected.

<b><u>State</u></b>	<b><u>Residual Market Commission Scale</u></b>			
Alabama	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%	Over \$100,000 @ 2%
Alaska *	Flat 5%			
Arizona	Flat 5%			
Arkansas	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Connecticut	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Delaware	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
District of Columbia	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Florida (FWCJUA)	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Georgia *	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Idaho	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Illinois *	First \$1,000 @ 8%,	Next \$4,000 @ 4%,	Next \$95,000 @ 2%,	Over \$100,000 @ 1%
Indiana	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Iowa	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Kansas	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Massachusetts	First \$1,000 @ 9%,	Next \$4,000 @ 5%,	Next \$95,000 @ 4%,	Over \$100,000 @ 3%
Michigan	First \$5,000 @ 5%,	Next \$95,000 @ 4%,	Next \$ 400,000 @ 3%,	Over \$500,000 @ 2%
Missouri	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Nebraska	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Nevada	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
New Hampshire	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
New Jersey	First \$1,000 @ 8%,	Next \$4,000 @ 6%,	Next \$95,000 @ 4%,	Over \$100,000 @ 2%
North Carolina *	Flat 5%			
Oregon	First \$1,000 @ 5%,	Next \$4,000 @ 3%,	Next \$95,000 @ 2%,	Over \$100,000 @ 1%
South Carolina	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
South Dakota	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Tennessee *	First \$1,000 @ 8%,	Next \$4,000 @ 6%,	Next \$95,000 @ 5%,	Over \$100,000 @ 3%
Vermont	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Virginia	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
West Virginia	First \$1,000 @ 8%,	Next \$4,000 @ 5%,	Next \$95,000 @ 3%,	Over \$100,000 @ 2%
Wisconsin *	First \$10,000 @ 4%, Over \$10,000 @ 1%			

\* Total Premium Charged and Collected

NOTE: All commissions are calculated and paid based on state standard premium except where indicated. State Standard Premium generally excludes the impact of Premium Discount, Expense Constant, Terrorism, Catastrophe (other than certified acts of terrorism), and taxes and assessments in the calculation.

Total Premium Charged and Collected generally includes the impact of Premium Discount, Expense Constant, Terrorism, and Catastrophe (other than certified acts of terrorism) in the calculation.

Refer to the individual state Workers' Compensation Insurance Plan and the state's algorithm for exact definitions.







Premium Audit Welcome Letter	
<a href="http://www.travelers.com/audit">www.travelers.com/audit</a>	
Temporary User ID	2929E3213
PIN	26718092

PRIME PAINTERS LLC  
1760 SHADY CREEK LN  
LAWRENCEVILLE GA 30043-2709

Date created: 08/03/2017  
Policy Period: 06/15/2017 to 06/15/2018  
Policy Numbers: UB-8H178786

Need Help? 1-800-842-4271 or [audits@travelers.com](mailto:audits@travelers.com)

Dear Customer,

We appreciate your business and recognize you are busy so we assembled this package to help you prepare for your premium audit. Currently you have no premium audit to complete. However, to assist in making the audit a positive experience that goes smoothly, please review the enclosed Frequently Asked Questions (FAQs). The FAQs contain helpful recordkeeping tips for how you can start preparing for your audit today. Doing so can save you time and possibly premium dollars.

#### WHAT IS A PREMIUM AUDIT?

Your premium has been estimated based on information provided by you or your Agent or Producer prior to the start of your policy term. Because your business may change during the policy year we want to make sure that your premium accurately reflects the state of your business over the policy term. This entails reviewing the original estimate against your actual payroll and business operations and is referred to as a premium audit. This is a standard practice and your participation in providing this information is essential in order to calculate the final premium.

#### IS A PREMIUM AUDIT OPTIONAL?

State regulations require us to conduct periodic premium audits of all workers compensation policies. This is an industry standard practice for all insurance companies that provide Business Insurance coverage. While the audit is a routine practice for us, we understand that it may not be for you. The enclosed FAQs provide information and tips to help you prepare. Please note that not providing requested documents may result in an Audit Noncompliance Charge or estimated audit and/or cancellation of any coverage in force at the time of audit.

#### WHAT SHOULD I EXPECT?

At the end of your policy period you will be contacted by our Premium Audit department letting you know it's time to complete your audit. You will receive an invitation to complete your audit online or in-person (your type of audit is determined based on premium size, type of operation, and state requirements). In either case you will be advised as to the documents needed for your audit (refer to FAQs for examples). Your prompt attention and cooperation with the process is important to assure timely processing of your audit results.

#### WILL MY PREMIUM CHANGE?

After the audit is conducted your premium may be adjusted based on your business activity during the policy

period. Business activity is confirmed by a review of your sales or payroll, operations, employee classifications, use of sub-contractors and inclusion or exclusion of officers. Providing accurate data ensures you don't pay more (or less) than you should for proper insurance coverage. The enclosed FAQs includes record keeping tips that help our customers avoid surprises.

#### HOW CAN I PREPARE?

Keeping proper records and documentation throughout the policy period may save you time and money. Please review and retain the Helpful Tips to Prepare for Your Premium Audit. An accurate audit depends on having your records prepared for review. If the audit is done in person, be sure that a person with detailed knowledge of your business is available to answer questions and review results of the premium audit.

#### Online Registration is Simple and Fast

- Go to [www.travelers.com/audit](http://www.travelers.com/audit)
- Select the 'Register Now' link
- Enter the Temporary User ID and PIN found at the top of this letter

Once registered, you will find answers to commonly asked questions about Premium Audit and an option to :

- Review our Frequently Asked Questions (FAQs)
- Get a head start on preparing for your audit
- Access your audit, check it's status online and review your Premium Audit Adjustment Notice
- Provide Audit Information and securely submit documentation

Thank you for your business.

Helpful Tips to Prepare for Your Workers' Compensation Premium Audit		
Frequently Asked Questions (FAQs)	Answers	Helpful Tips to Prepare for Your Premium Audit
What <b>documents</b> (or records) will I need for a premium audit?	You will be informed of specific documents needed prior to the audit, but in general: Payroll Records, Individual Earning Records, General Ledger, Financial Statements, Cash Disbursements Journal (including subcontractors, casual labor and material costs), Certificates of Insurance, Automobile information such as registrations and titles.	Maintain your records up to date during the policy term.
Will I need to provide my <b>tax records</b> ?	Yes, we will need to review your tax records, such as 941's, State Unemployment Wage reports, 1099's, 1040c (Schedule C), 1120, 1065, etc. Your records are confidential and used only for the purpose of completing the premium audit.	Keep copies of filed tax forms applicable during your Workers Compensation policy term.
What if my tax records don't line up with my <b>policy period</b> ?	If your quarterly tax reports don't line up with your policy term, provide your last four filed quarterly reports or last annual tax report. We will be able to reconcile to our satisfaction using the last four filed quarterly reports.	Keep copies of filed tax forms applicable during your Workers Compensation policy term.
What if my payroll records don't line up with my policy period?	If your payroll report doesn't match your policy term, you can round the payroll report to the first of the month. For example, if your policy period is 6/15 – 6/15 you can provide payroll for 7/1 to 6/30 or 6/1 to 5/31.	It is acceptable to deviate payroll from the policy period by 30 days.
Are <b>holidays, vacation, sick time wages, or housing allowances</b> included in my Workers Compensation premium calculation?	Yes. The rate you pay already considers the fact that there may be holidays, vacation, sick time, etc., for which the employee is eligible. However, severance and third-party disability payments may be excluded.	Maintain separate records for severance and third-party disability payments.
Are <b>tips</b> included in my Payroll?	No, provided your records separate tips from regular wages. <b>Note: Not applicable in the state of Montana for workers compensation.</b>	For each employee earning tips, maintain records of tips and wages paid.
Are <b>overtime</b> payments excluded from Payroll?	Yes, if separate records are kept, overtime can be excluded from your premium using the following calculation: if OT paid at time and a half, 1/3 of the overtime can be excluded. If overtime is paid at double time, 1/2 of the overtime can be excluded. <b>Note: Not applicable in the states of Delaware and Pennsylvania for Workers Compensation.</b>	For each employee paid overtime <b>maintain separate records of regular wages and overtime payments.</b>

Helpful Tips to Prepare for Your Workers' Compensation Premium Audit		
Frequently Asked Questions (FAQs)	Answers	Helpful Tips to Prepare for Your Premium Audit
When can an <b>employee's payroll be split</b> among more than one classification?	Industry regulations require that employee payroll is assigned to the basic classification that best describes the business of the employer. It is the overall business that is classified, not each employee or duty. However, the payroll for an employee may be split if certain classifications can be applied to your business (based on the Classification Rules), and you maintain a payroll breakdown for the employee by job classification. Certain job classifications cannot be split for individual employees (examples: 8810-Clerical, 8742-Salespersons).	If the conditions are met, maintain records that reflect individual employees' actual time working within each job classification. <b>Remember, estimated or percentage allocation of payroll is not permitted.</b> If records don't show the actual payroll applicable to each classification, the entire payroll of the individual employee must be assigned to the highest rated classification that represents any part of his/her work.
Can <b>corporate officers</b> be excluded from coverage?	Workers Compensation laws in some states may permit officers to elect exclusion from Workers Compensation coverage. (Contact your Agent or Producer for state-specific guidelines).	If exclusion is permissible in your state, contact your Agent or Producer for required exclusion forms immediately, and advise us in writing of any new officers during the policy term.
Are <b>sole proprietors, LLC members and partners</b> covered under their workers compensation policy?	Rules vary by state. (Contact your Agent or Producer for state-specific guidelines).	Your policy may be endorsed to include or exclude sole proprietors, LLC members and partners based upon state rules.
What happens if our business is currently a partnership and we decide to incorporate during the policy term? <b>(Change in legal entity or ownership).</b>	Changing your legal entity status during the policy term may impact your coverage and/or premium under the Workers Compensation Law in your state.	Advise your Agent or Producer or our company representative immediately if you change your legal entity status, or if the ownership of your business changes.
Who is an <b>Independent Contractor</b> ?	Generally speaking, an Independent Contractor is someone who makes a business of providing a specific service for a pre-determined price, to several different customers, and controls the manner in which the work is completed.*	Maintain copies of contracts and invoices showing a breakdown of labor and materials, business cards, and Certificates of Workers Compensation and General Liability Insurance covering the time the contractors perform work for you.
Will I be charged premium for <b>Independent/Sub-contracted work</b> ?	You may be responsible for employees of uninsured independent contractors/subcontractors. We therefore may charge premium for work performed by an independent contractor/subcontractor without a valid certificate of Workers Compensation Insurance *.	Obtain and maintain valid Certificates of Insurance showing Workers Compensation coverage for all independent/subcontracted work.

Helpful Tips to Prepare for Your Workers' Compensation Premium Audit		
Frequently Asked Questions (FAQs)	Answers	Helpful Tips to Prepare for Your Premium Audit
What is a <b>valid certificate</b> of Insurance?	A valid Certificate of Insurance identifies the existence of a Workers Compensation and/or General Liability policy, the insurance carrier providing the coverage, policy number and policy term (dates of coverage), who is insured (the independent contractor/subcontractor) and the certificate holder (your company).	Make sure the independent contractor's/subcontractor's policy is in effect during the time the work was performed for you. Obtain proof of coverage for a previous or subsequent term as needed to cover the entire time period the contractor/subcontractor worked for you.
What should I do if I add a <b>new entity</b> , start a <b>new operation</b> or start working in a <b>new state</b> ?	Advise your Agent or Producer. Your policy may need to be endorsed to reflect the new exposures. For assigned risk coverage, some states may not be added to your policy. Contact your Agent or Producer or company representative for additional information.	Inform the Auditor of changes to your operations. For assigned risk coverage, inform your Producer or company representative.
What should I do if there are <b>large changes</b> (increases or decreases) in <b>staffing</b> ?	Notify your Agent, Producer or company representative as your policy may need to be endorsed to reflect changes in exposures.	Inform the Auditor of changes to your staffing. For assigned risk coverage, inform your Producer or company representative.

\* Definitions and requirements may vary by state. Contact your Agent or Producer with questions concerning your particular situation. Additional tests of independent status may apply.



Premium Audit Online Invitation	
<a href="http://www.travelers.com/audit">www.travelers.com/audit</a>	
Temporary User ID	2929E3213
PIN	77255803

PRIME PAINTERS LLC  
1760 SHADY CREEK LN  
LAWRENCEVILLE GA 30043-2709

Date created: 06/01/2018  
Policy Period: 06/15/2017 to 06/15/2018  
Policy Numbers: UB-8H178786

To Schedule Your Audit 1-866-924-8684 EXT: 82508  
Need Help? 1-800-842-4271 or [audits@travelers.com](mailto:audits@travelers.com)

Dear Customer,

To ensure that your estimated premium reflects your business operations and any changes that may have occurred during the policy period, we are required to conduct a premium audit on the policies listed above. This is an industry-standard practice and your participation in providing this information is essential in order to calculate your final premium.

#### It's Time to Schedule Your Audit

Our aim is to arrange a date and time that best accommodates your schedule and your auditor's availability. In the coming weeks a Premium Audit representative will be contacting you to set up a date for your audit and confirm the appointment details. If you would like to schedule the audit prior to then, or if you wish to change the location of your audit from what is shown below, please call our Appointment Scheduling number.

PRIME PAINTERS LLC  
PRIME PAINTERS LLC  
1760 SHADY CREEK LN  
LAWRENCEVILLE, GA 30043  
1-770-827-1115

#### Preparing for Your Premium Audit

We acknowledge that it takes time to gather the information necessary for your audit and we have heard from customers that being properly prepared with the correct documents helps the audit go smoothly. To assist with your audit preparation, a Frequently Asked Questions and Record Keeping Tips guide is available on our customer website (see below for instructions to register). Customer Service is also available to answer questions you may have about the audit.

In preparation of your audit please have available the following documents:

- Payroll information (payroll summaries or journals)
- Last four quarters of Federal Form 941 and/or State Unemployment Wage Reports
  - Note - If your quarterly tax reports don't line up with your policy term, simply provide your last four filed quarterly reports
- Subcontractor information and/or certificates of insurance (may also be required)

CLAUILN5



If you do not file the forms listed above, the following forms will be required:

- For a Sole Proprietor, the Profit or Loss (Form 1040) Schedule C pages 1 and 2
- For a Partnership, U.S. Partnership Return of Income (Form 1065) Page 1 and 1125-A
- For a Corporation, U.S. Corporation Income Tax Return (Form 1120) Page 1 and 1125-A

\*If you utilized any non-employee services (subcontractors) during the policy term and they carried their own insurance coverage, please obtain a copy of their Certificate of Insurance (COI) for the auditor to examine at the time of the audit

#### NEW: Submit Documents and Track Your Audit Online

You can take advantage of helpful information available online and track the status of your audit on our secure website. You must first register on the Premium Audit site following these simple steps:

- Go to [www.travelers.com/audit](http://www.travelers.com/audit)
- Select the 'Register Now' link
- Enter the Temporary User ID and PIN found at the top of this letter

Once registered, you will find answers to commonly asked questions about documents needed for your audit and an option to :

- View auditor contact information
- Call to schedule your audit
- View appointment status, date and time
- Securely submit documentation requested by your auditor
- Access your audit, check its status online and review your Premium Audit Adjustment Notice.

Uploading your documents can expedite the audit process; however the auditor must still meet with you or your representative in person.

Thank you. We appreciate your time and cooperation with the premium audit.





## PREMIUM ADJUSTMENT NOTICE

TRAVELERS - RMD  
P.O. BOX 5600  
HARTFORD, CT 06102-5600

POLICY NO: 6JUB 8H178786

ISSUE OFFICE:775

PRIME PAINTERS LLC  
1760 SHADY CREEK LN  
LAWRENCEVILLE, GA 30043-2709

DATE OF THIS NOTICE: 07/24/18

SAI#: 2929E3213

POLICY PERIOD: 06/15/17 TO 06/15/18  
ANNUAL AUDIT  
PHYSICAL

72PKK  
FOSTER AND ASSOCIATES  
3100 BRECKINRIDGE BLVD STE 510  
DULUTH, GA 30096-7542

AUDITED RESULTS	:	\$	1,620
LESS PREVIOUSLY BILLED	:	\$	0
EVEN ADJUSTMENT	:	\$	

CUSTOMER SERVICE: (800) 842-4271

\*\*\* THIS IS NOT A BILL. SEE MESSAGE  
LEGEND ATTACHED. \*\*\*

\*(THIS IS NOT A BILL)  
CALCULATION OF EARNED PREMIUM

Classifications	Tr Cd	Exposure Basis	Rate	Earned Premium/ Charge
-----------------	----------	-------------------	------	------------------------------

LOCATION 001

PRIME PAINTERS LLC

ADD FOR INCR LIMITS MINIMUM	120
-----------------------------	-----

MERIT RATING MODIFICATION	120	.1250	-15
---------------------------	-----	-------	-----

ADD FOR POLICY MINIMUM	1,355
------------------------	-------

EXPENSE CONSTANT	160
------------------	-----

TOTAL PREMIUM LOCATION 001	\$1,620
----------------------------	---------

TOTAL EARNED PREMIUM	\$1,620
----------------------	---------

Insuring Company:  
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

Thank You For Insuring With Our Company



## MESSAGE LEGEND

### MESSAGE LEGEND

THIS IS NOT A BILL. A SEPARATE STATEMENT WILL FOLLOW BASED ON PREMIUMS YOU HAVE PAID

This notice is to advise you of your policy's final premium for the indicated period. If this amount is greater than what you have paid to date, you will be receiving a separate bill for the difference shortly. If you have already paid more than the final premium, you will soon receive a refund of any overpayment.

Questions regarding your policy billing or service can be directed to:

Orlando, Florida      1-800-443-4404



07/24/18

FOSTER AND ASSOCIATES  
3100 BRECKINRIDGE BLVD STE 510  
DULUTH, GA 30096-7542

**INSURED:**

PRIME PAINTERS LLC  
1760 SHADY CREEK LN  
LAWRENCEVILLE, GA 30043-2709

**POLICY NUMBER**

6JUB 8H178786

**POLICY PERIOD**

06/15/17 TO 06/15/18

**PLEASE NOTE:**

THE AUDIT DONE ON THIS POLICY HAS RESULTED IN AN EVEN ADJUSTMENT.